

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000077019

1. Entity Name
FST COMPUTER SERVICES LLC



Principal Place of Business
159 ROTONDA CIRCLE
ROTONDA WEST, FL 33947

Mailing Address
159 ROTONDA CIRCLE
ROTONDA WEST, FL 33947

FILED
Mar 21, 2007 08:00 AM
Secretary of State



03182007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number
NOT APPLICABLE

Applied For
☒ Not Applicable

5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

GRYSKO, FRANCIS
159 ROTONDA CIRCLE
ROTONDA WEST, FL 33947

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$50.00
Due by May 1, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	GRYSKO, FRANCIS
STREET ADDRESS	159 ROTONDA CIRCLE
CITY-ST-ZIP	ROTONDA WEST, FL 33947
TITLE	MGR
NAME	GRYSKO, SANDRA
STREET ADDRESS	159 ROTONDA CIRCLE
CITY-ST-ZIP	ROTONDA WEST, FL 33947
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/29/07-80087-003 55.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Sandra Grysko SANDRA GRYSKO

3-18-07

941-276-9192

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #