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2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
06 JUN -5 PM 3:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L05000077124

1. Entity Name
COMMUNICATION TECHNOLOGIES, LLC

Principal Place of Business	Mailing Address
1121 SANFORD AVE SANFORD FL 32771 US	1121 SANFORD AVE SANFORD FL 32771 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

1st MOORE CR2E083 (10/05)

4. FEI Number 76-0823579 Applied For / Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HELENA, ANGELA 2424 ELM AVE SANFORD FL 32771	Name GARY RAGER Street Address (P.O. Box Number is Not Acceptable) 1121 SANFORD AVE City SANFORD FL Zip Code 32771

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: MGRM 3/20/2005
(Signature of the person named as registered agent and title if a corporate) (NEW Registered Agent signature required when modifying) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State.
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS	10. ADDITIONS/CHANGES
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP: MGRM Gary Rager 1121 Sanford Ave. Sanford, FL 32771 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: 3/2/06 321-377 1895
(SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE) Date Daytime Phone #