

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000107439

Entity Name: TOUCHLESS ID, LLC

FILED
Feb 03, 2006
Secretary of State

Current Principal Place of Business:

701 GRAND PARKE DRIVE
JACKSONVILLE, FL 32259

New Principal Place of Business:

701 GRAND PARKE DRIVE
JACKSONVILLE, FL 32259 US

Current Mailing Address:

P.O. BOX 58118
JACKSONVILLE, FL 32241

New Mailing Address:

P.O. BOX 58118
JACKSONVILLE, FL 32241 US

FEI Number: 83-0446320

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ECKARDT & KIMBRELL, LLC
701 GRAND PARKE DRIVE
JACKSONVILLE, FL 32259 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: ECKARDT & KIMBRELL,, LLC
Address: P.O. BOX 58118
City-St-Zip: JACKSONVILLE, FL 32241

Title: MGRM () Delete
Name: ISC TECHNOLOGY GMBH, & CO. KG
Address: MEMELER STRASSE 5C
City-St-Zip: BAD OLDESLOE, GERMANY 23843,

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: ECKARDT & KIMBRELL,, LLC
Address: P.O. BOX 58118
City-St-Zip: JACKSONVILLE, FL 32241 US

Title: MGRM (X) Change () Addition
Name: ISC TECHNOLOGY GMBH, & CO. KG
Address: MEMELER STRASSE 5C
City-St-Zip: BAD OLDESLOE, GERMANY, SH 23843 DE

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JAMES H LEE

MGRM

02/03/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date