## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

## Apr 13, 2006 8:00 am Secretary of State 04-03-2006 90070 020 \*\*\*\*50.00 **DOCUMENT #L05000108022** IT SYSTEMS SPECIALIST, LLC **90000000** Principal Place of Business Mating Address 1146 SW WHISPER RIDGE TRAIL 1146 SW WHISPER RIDGE TRAIL PALM CITY, FL 34990 PALM CITY, FL 34990 2. Principal Place of Business 3. Maxing Address Suite, Apt. #, elc. Suite, Apt. #, etc. 03312006 Chg-LLC CR2E083 (11/05) 4. FEI Number City & State City & State Applied For Not Applicable Zio Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name **FULLER, BETH A** Street Address (P.O. Box Number is Not Acceptable) 1146 SW WHISPER RIDGE TRAIL PALM CITY, FL 34990 City Zio Code FL 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 arm familiar with, and accept the obligations of registered agent. SIGNATURE Sqristure, typed or prised name of regelered agent and title if applicable. (NOTE: Registered Agent aignours required when remetaling) Filing Fee is \$50.00 Due by May 1, 2006 Make check payable to Florida Department of State 9. MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES DTLE MGR TITLE The Desire ☐ Change ☐ Addition FULLER, BETH A KAME NAME STREET ADDRESS 1146 SW WHISPER RIDGE TRAIL STREET ADDRESS PALM CITY, FL 34990 CITY-ST-ZP CTY-ST-202 INF ☐ Delete TILE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZP CITY-ST-ZIP MLE Delete une ☐ Chance ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZP me Delete TITLE Crance Addition KALLE KALK STREET ADDRESS STREET ADDRESS CITY-ST-ZP CITY-ST-ZIP TILE ☐ Detete TITLE ☐ Change ☐ Addition KULE NAME STREET ADDRESS STREET ADDRESS

11. Thereby certify that the information supplied with this filling does not existly 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 employered to execute this report as required by Chapter 608, Florida Statutes.

Deleta

CITY-ST-ZP

STREET ADDRESS

CATY-\$1-ZIP

TITLE

NAME

SIGNATURE: AND TYPED OF PHE

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STREET ADDRESS

CTIV-ST-ZP

MILE

NAME

MANAGER, OR AUTHORIZED REPRESENTATIVE

☐ Change

☐ Addition

FILED