

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000114039

FILED  
Apr 30, 2008  
Secretary of State

**Entity Name:** ACCESS TECHNICIANS OF FLORIDA, LLC

**Current Principal Place of Business:**

5126 CLEWIS AVE.  
TAMPA, FL 33610

**New Principal Place of Business:**

**Current Mailing Address:**

5126 CLEWIS AVE.  
TAMPA, FL 33610

**New Mailing Address:**

**FEI Number:** 20-3871964

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

JUILLERAT, APRIL  
5126 CLEWIS AVE  
TAMPA, FL 33610 US

**Name and Address of New Registered Agent:**

JUILLERAT, APRIL PRES.  
5126 CLEWIS AVE  
TAMPA, FL 33610 US

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: APRIL JUILLERAT

04/30/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: JUILLERAT, APRIL  
Address: 5126 CLEWIS AVE.  
City-St-Zip: TAMPA, FL 33610

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: JUILLERAT, APRIL PRES  
Address: 5126 CLEWIS AVE.  
City-St-Zip: TAMPA, FL 33610 US

Title: MGR ( ) Change (X) Addition  
Name: JUILLERAT, CHRISTOPHER M VP  
Address: 5126 CLEWIS AVE  
City-St-Zip: TAMPA, FL 33610 US

I hereby certify that the information supplied with this filing does not qualify 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: APRIL JUILLERAT

PRES

04/30/2008

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