

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 09, 2007 8:00 am
Secretary of State

05-09-2007 90026 001 ****50.00

DOCUMENT # L06900014247

1. Entity Name

PLASTECH SYSTEMS, LLC



Principal Place of Business

Mailing Address

110 MOHAWK CIRCLE
AUBURNDALE FL 33823
US

110 MOHAWK CIRCLE
AUBURNDALE FL 33823
US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE CR2E083 (10/06)

4. FEI Number

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

BOYCE, DAVID W
110 MOHAWK CIRCLE
AUBURNDALE FL 33823

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

| | |
|---|---|
| <p>1111 NAME BOYCE, DAVID W STREET ADDRESS 110 MOHAWK CIRCLE CITY ST ZIP AUBURNDALE FL 33823</p> <p><input type="checkbox"/> Delete</p> | <p>1111 NAME BOYCE, DAVID W STREET ADDRESS 110 MOHAWK CIRCLE CITY ST ZIP AUBURNDALE FL 33823</p> <p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p> |
| <p>1111 NAME STREET ADDRESS CITY ST ZIP</p> <p><input type="checkbox"/> Delete</p> | <p>1111 NAME STREET ADDRESS CITY ST ZIP</p> <p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p> |
| <p>1111 NAME STREET ADDRESS CITY ST ZIP</p> <p><input type="checkbox"/> Delete</p> | <p>1111 NAME STREET ADDRESS CITY ST ZIP</p> <p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p> |
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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:

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

4/23/07 (863) 398-6978

Date

Anytime Phone #