

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000018036

FILED  
Jan 04, 2007  
Secretary of State

Entity Name: MY IT LLC

**Current Principal Place of Business:**

12157 W. LINEBAUGH AVE.  
PMB 264  
TAMPA, FL 33626

**New Principal Place of Business:**

**Current Mailing Address:**

12157 W. LINEBAUGH AVE.  
PMB 264  
TAMPA, FL 33626

**New Mailing Address:**

FEI Number: 20-4341339      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

KEELEY, THOMAS J  
9852 MONTAGUE ST.  
TAMPA, FL 33626    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: MGR      ( ) Delete  
Name: THOMAS, KEELEY J  
Address: 6119 NATIVE WOODS DR.  
City-St-Zip: TAMPA, FL 33625

**ADDITIONS/CHANGES:**

Title: MGR      (X) Change      ( ) Addition  
Name: THOMAS, KEELEY J  
Address: 9852 MONTAGUE ST.  
City-St-Zip: TAMPA, FL 33626

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: THOMAS J. KEELEY

MGR

01/04/2007

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