2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

Secretary of State **DOCUMENT # L06000049378** 02-26-2007 90306 031 ****55.00 ADVANCED MICRO FINISHING, LLC Principal Place of Business Mailing Address 6507 98TH AVE N 6507 98TH AVE N CHRRATIA PINELLAS PARK, FL 33767 PINELLAS PARK, FL 33767 2. Principal Place of Business - No P.O. Box # 6507 984 AVE N 6507 98 th Aug N Sulte, Apt. #, etc. 02202007 Chg-LLC CR2E083 (12/06) 4. FEI Number 30-5035295 PINELLAS PARK FL Applied For Not Applicable \$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 SERRA, MARK C Street Address (P.O. Box Number is Not Acceptable) 600 BYPASS DRIVE STF 109 CLEARWATER, FL 33764 City 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) Filing Fee is \$50.00 Due by May 1, 2007 Make check payable to Fiorida Department of State 9. MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. MGROM MGRM TITLE ☐ Defete TITLE ☐ Change Addition MGNE, RICHARD E. SR. 6507 98TH AUEN 6507 98TH AUEN NAME AGNE, RICHARD E SR NAME 6507 98TH AVE N STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PINELLAS PARK, FL 33787 CITY-ST-ZIP **MGRM** MGRM AGNE CHRO L. 6507 980 AVEN TITLE ☐ Delcte TILE NAME AGNE, CAROL L NAME 6507 98TH AVE N STREET ADDRESS STREET ADDRESS INELLAS PARK FL. 33782 CITY-ST-ZP PINELLAS PARK, FL 33767 CITY-ST-77P MLE mLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZE CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET AIMPRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TILE TITI F ☐ Delete Change ☐ Addition NAME MAKE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing does not qualify 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 empowered to execute this report as required by Chapter 608, Florida Statutes. KICHARD E FEB <u>Ullan</u> auce R. MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED

Feb 26, 2007 8:00 am