2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Feb 23, 2007 8:00 am Secretary of State

DOCUMENT # L06000087216 1. Entity Name EZTECHTOOLS, LLC						02-23-200′	7 90206 027 ****	55.00
Principal Place of Business Mailing Address					ተመከበተፈ			
1718 SUNSET LANE PO BOX 4316							_	
	E, FL 32303 US	TALLAHASSEE, FL 32315 US						
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2. Principal P	flace of Business - No P.O. Box #	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02202007	Chg-LLC	CR2E083 (12/06)		
City & State	θ	City & State			4. FEI Numbe	ır	- -	oplied For ot Applicable
Zip Country		Zip Country				\$5.00		
2.5				5. Certificate of Status Desired See Required				
	6. Name and Address of Current R	legistered Agent			7. Name and	Address of New R	Registered Agent	
LUNIÀ DE	7 (A)		1	Name				
NUNN, RE	EID A III SET LANE		5	Street Address (P.O. Box Number is Not Acceptable)				
	SSEE, FL 32303							
	•							
			Č	City	···		FL Zip Cod	e
8. The above	named entity submits this statement for	the purpose of changing its	registered o	office or registe	red agent, or bot	h. in the State of Flo	1	and accept
	ions of registered agent.	,,						
SIGNATURE .								
	Signature, typed or printed name of registered agent ar	nd title d applicable (NOTE	Registered Ag	gent signature require	d when reinstating)		DATE	
Filing Fee is \$50.00 Due by May 1, 2007								
Fi D	iling Fee is \$50.00 ue by May 1, 2007						ke check payable to a Department of Stat	8
Fi D	iling Fee Is \$50.00 ue by May 1, 2007 MANAGING MEMBEF	IS/MANAGERS	10.				a Department of Stat	e
Di	MANAGING MEMBER	RS/MANAGERS	10.	·		florid:	a Department of Stat	Addition
9. IIILE NAME	MANAGING MEMBER MGR NUNN, REID A III		TITLE NAME			florid:	a Department of Stat	
9. TITLE NAME STREET ADDRESS	MANAGING MEMBER MGR NUNN, REID A III 1718 SUNSET LANE		TITLE NAME STREET A			florid:	a Department of Stat	
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBER MGR NUNN, REID A III	☐ Delete	TITLE NAME STREET AI CITY-ST-			florid:	a Department of Stat /CHANGES Change	☐ Addition
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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 traffice empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

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

Daytime Phone #