2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 07, 2007
Secretary of State

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Entity Name: SOUTHERN TECHNICAL SERVICES, LLC

Current Principal Place of Business:

5709 ALOMA WOODS BLVD.
OVIEDO, FL 32765 US

New Principal Place of Business:

Current Mailing Address:

5709 ALOMA WOODS BLVD.
OVIEDO, FL 32765 US

New Mailing Address:

FEI Number: 33-1146885 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

RYDENBARK, JERRY
5709 ALOMA WOODS BLVD.
OVIEDO, FL 32765 US

Name and Address of New Registered Agent:

RYDENBARK, JERRY C
5709 ALOMA WOODS BLVD.
OVIEDO, FL 32765 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: JERRY C. RYDENBARK 01/07/2007
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: RYDENBARK, JERRY
Address: 5709 ALOMA WOODS BLVD.
City-St-Zip: OVIEDO, FL 32765 US

Title: MGRM ( ) Delete
Name: RYDENBARK, MARTHA
Address: 5709 ALOMA WOODS BLVD.
City-St-Zip: OVIEDO, FL 32765 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: RYDENBARK, JERRY C
Address: 5709 ALOMA WOODS BLVD.
City-St-Zip: OVIEDO, FL 32765 US

Title: MGRM (X) Change ( ) Addition
Name: RYDENBARK, MARTHA J
Address: 5709 ALOMA WOODS BLVD.
City-St-Zip: OVIEDO, FL 32765 US

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: JERRY C. RYDENBARK MGRM 01/07/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date