

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

Feb 09, 2007 8:00 am **Secretary of State** DOCUMENT # L06000113130 02-09-2007 90071 025 ****50.00 CARÉER TACTICS LLC Principal Place of Business Mailing Address 300 OCEAN TRAIL WAY 300 OCEAN TRAIL WAY SUITE 405 SUITE 405 60014425 JUPITER, FL 33477 JUPITER, FL 33477 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite. Apt. #. etc. 02052007 Chg-LLC CR2E083 (12/06) City & State City & State 4. FEI Number Applied For 68-0639981 Not Applicable Zip Country Country Zip \$5.00 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FEUER, SYNDEE Street Address (P.O. Box Number is Not Acceptable) 300 OCEAN TRAIL WAY SUITE 405 JUPITER, FL 33477 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) DATE Filing Fee is \$50.00 Due by May 1, 2007 Make check payable to Florida Department of State - MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. 9. MGRM TITLE ☐ Change ☐ Addition TITLE ☐ Delete FEUER, SYNDEE NAME NAME 300 OCEAN TRAIL WAY - SUITE 405 STREET ADDRESS STREET ADDRESS JUPITER, FL 33477 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITI F ☐ Change ___ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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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.

CITY-ST-ZIP

IG MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENT