## 4 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT # L06000113130

1. Entity Name

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CARÉER TACTICS LLC



FILED
Jan 10, 2008 08:00 AN
Secretary of State

Principal Place of Business

300 OCEAN TRAIL WAY

SUITE 405

JUPITER, FL 33477 US

Mailing Address

300 OCEAN TRAIL WAY

SUITE 405

JUPITER, FL 33477 US



01052008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 68-0639981		Applied For Not Applicable
5. Certificate of Status Desired	\$5.00 Fee Req	Additional uired

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

FEUER, SYNDEE 300 OCEAN TRAIL WAY SUITE 405 JUPITER, FL 33477

SIGNATURE AND TYPED

## DO NOT WRITE IN THIS SPACE

the obligat	named entity submits this statement for the purpose of changing its registere ions of registered agent.	d office or registered agent, or both, in the State of Florida. I am familiar with, and accept $-7-0$		
SIGNATURE.	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered	Agent signature required when reinstating) DATE		
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75				
9.	MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FEUER, SYNDEE 300 OCEAN TRAIL WAY - SUITE 405 JUPITER, FL 33477	U00000778971 01/11/08-80019-022 138.75		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	·	IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE  NAME  STREET ADDRESS  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.				

KANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE