


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

8/25/2008-90092-016-\$138.75-\$138.75

DOCUMENT # L07000012756 1. Entity Name SYSCON LLC					
Principal Place of Business 12349 JESS WALDEN RD DOVER, FL 33527 US			Mailing Address 12349 JESS WALDEN RD DOVER, FL 33527 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
5. Name and Address of Current Registered Agent INGRAM, THOMAS L 12349 JESS WALDEN RD DOVER, FL 33527				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
4. FEI Number 61-1519589					
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required					
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM INGRAM, THOMAS L 12349 JESS WALDEN RD DOVER, FL 33527	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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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.					
SIGNATURE: <u>Thomas L. Ingram</u> 8-22-08 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SERVING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					

FILED

08 SEP 23 AM 8:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



07232008 Chg-LLC CR2E083 (12/06)

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

5. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

INGRAM, THOMAS L
12349 JESS WALDEN RD
DOVER, FL 33527

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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