

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

FILED
Feb 04, 2008 8:00 am
Secretary of State

02-04-2008 90136 020 ***138.75

DOCUMENT # L07000039080	
1. Entity Name ARMINGTON TECHNOLOGIES, LLC	

Principal Place of Business 530 EAST CENTRAL BOULEVARD SUITE 1601 ORLANDO FL 32801 US	Mailing Address 530 EAST CENTRAL BOULEVARD SUITE 1601 ORLANDO FL 32801 US
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State Zip	City & State Zip	Country	Country
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1st MOORE CR2E083 (10/07)

4. FEI Number
65-1305540

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

Applied For
Not Applicable

6. Name and Address of Current Registered Agent CAPUANO, GARY 530 EAST CENTRAL BOULEVARD SUITE 1601 ORLANDO FL 32801	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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.

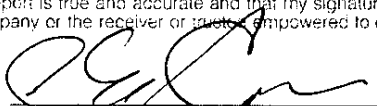
SIGNATURE _____ (NOTE: Registered Agent's signature required when registering) DATE _____

FILE NOW!!! FEE IS \$138.75 After May 1, 2008, Fee Will Be \$538.75 Make Check Payable to Florida Department of State	
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9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR CAPUANO, GARY 530 EAST CENTRAL BOULEVARD, SUITE 1601 ORLANDO FL 32801 ☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR DONOVAN, PAUL 29 GARNER AVENUE PARSONSFIELD ME 04047 ☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  **1-27-08** **407-474-8222**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #