

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000052972

Entity Name: TRYKAN TECHNOLOGIES LLC

FILED
Jun 27, 2008
Secretary of State

Current Principal Place of Business:

563 28TH AVE SW
VERO BEACH, FL 32968

New Principal Place of Business:

2243 CLUB CIRCLE DR
FEDHAVEN, FL 33854

Current Mailing Address:

563 28TH AVE SW
VERO BEACH, FL 32968

New Mailing Address:

P.O. BOX 8179
FREDHAVEN, FL 33854

FEI Number: 01-0897394 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

JOSEPH, JAYSON A
563 28TH AVE SW
VERO BEACH, FL 32968 US

Name and Address of New Registered Agent:

JOSEPH, MARIA
2243 CLUB CIRCLE DR
FEDHAVEN, FL 33854 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: MARIA JOSEPH

06/27/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: JOSEPH, JAYSON A
Address: 563 28TH AVE SW
City-St-Zip: VERO BEACH, FL 32968

Title: MGRM () Delete
Name: JOSEPH, MARIA
Address: 2243 CLUB CIRCLE DR
City-St-Zip: FEDHAVEN, FL 33854

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: JOSEPH, JAYSON A
Address: 8441 LAKE DR
City-St-Zip: SNELLVILLE, GA 30039

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: MARIA JOSEPH

MGRM

06/27/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date