

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 18, 2008 8:00 am
Secretary of State

04-18-2008 90152 038 ***138.75

DOCUMENT # L07000118335

1. Entity Name
CLETECH, LLC



Principal Place of Business
**424 E CENTRAL BLVD
106
ORLANDO, FL 32801 US**

Mailing Address
**424 E CENTRAL BLVD
106
ORLANDO, FL 32801 US**

50004463



2. Principal Place of Business - No P.O. Box #
2015 S TUTTLE AVE

3. Mailing Address
2015 S TUTTLE AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01222008 Chg-LLC CR2E083 (12/06)

City & State
SARASOTA FL

City & State
SARASOTA FL

4. FEI Number **98-0559391** Applied For
Not Applicable

Zip Country
34239 USA

Zip Country
34239 USA

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

6. Name and Address of Current Registered Agent

**SZAFRICS, IMRE
424 E. CENTRAL BLVD
106
ORLANDO, FL 32801**

7. Name and Address of New Registered Agent

Name **Imworld Services, Inc**
Street Address (P.O. Box Number is Not Acceptable)
424 E Central Blvd # 106
City **Orlando** FL Zip Code **32801**

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 **Imre Szafrics**

1/22/2008

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**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME **MGRM FALVAI, BALINT** ☐ Delete
STREET ADDRESS **SZEHER UT 19 2/5**
CITY-ST-ZIP **BUDAPEST, HUNGARY, HU 1021**

10. ADDITIONS/CHANGES

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
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TITLE NAME ☐ Change ☐ Addition
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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

FALVAI BALINT

3.25.2008