

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Aug 05, 2008 8:00 am
Secretary of State

08-05-2008 90022 030 ***538.75

DOCUMENT # L07000120526

1. Entity Name

PUDDIN TECHNOLOGIES, L.L.C.



Principal Place of Business

4094 LA COSTIA ISLAND COURT
PUNTA GORDA FL 33950

Mailing Address

4094 LA COSTIA ISLAND COURT
PUNTA GORDA FL 33950

2. Principal Place of Business - No P.O. Box #

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Long Beach FL

City & State

Long Beach FL

Zip

33857

Country

USA

Zip

33857

Country

USA

4. FEI Number

26-1512302

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

DEMARTINO, DONNA L
4094 LA COSTIA ISLAND COURT
PUNTA GORDA FL 33950

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when renewing)

DATE

FILE NOW!!! FEE IS \$538.75
Make Check Payable to Florida Department of State
Due By September 3, 2008

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the limited liability company certifies it did not receive prior notice. Fee to file is \$138.75 ☐

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete
NAME DEMARTINO, DONNA L
STREET ADDRESS 4094 LA COSTIA ISLAND COURT
CITY-ST-ZIP PUNTA GORDA FL 33950

TITLE MGRM ☐ Delete
NAME DEMARTINO, FRANK
STREET ADDRESS 4094 LA COSTIA ISLAND COURT
CITY-ST-ZIP PUNTA GORDA FL 33950

TITLE MGRM ☐ Delete
NAME DEMARTINO, ANTHONY J
STREET ADDRESS 4094 LA COSTIA ISLAND COURT
CITY-ST-ZIP PUNTA GORDA FL 33950

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

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

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

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

TITLE ☐ Change ☐ Addition
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.

SIGNATURE:

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

7-30-08 863-655-0119

Only

Daytime Phone #