

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000041392

**FILED**  
**Jan 30, 2010**  
**Secretary of State**

**Entity Name:** TRUTH & DECEPTION TECHNOLOGIES, LLC

**Current Principal Place of Business:**

2609 MILTON AVE.  
KISSIMMEE, FL 34741

**New Principal Place of Business:**

**Current Mailing Address:**

2609 MILTON AVE.  
KISSIMMEE, FL 34741

**New Mailing Address:**

**FEI Number:** 26-2476492

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SYLVESTRE, MICHAEL A  
2609 MILTON AVE.  
KISSIMMEE, FL 34741 US

**Name and Address of New Registered Agent:**

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** SYLVESTRE, MICHAEL A  
**Address:** 2609 MILTON AVE  
**City-St-Zip:** KISSIMMEE, FL 34741

**Title:** MGRM  
**Name:** BRUNETTE, LEO  
**Address:** P.O. BOX 590  
**City-St-Zip:** LACENTER, WA 98629

**Title:** S  
**Name:** SYLVESTRE, CHERIE L  
**Address:** 2609 MILTON AVE  
**City-St-Zip:** KISSIMMEE, FL 34741

**Title:** T  
**Name:** BRUNETTE, NICKI L  
**Address:** P.O. BOX 590  
**City-St-Zip:** LACENTER, WA 98629

I hereby 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:** MICHAEL A SYLVESTRE

MGRM

01/30/2010

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