

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000019908

Entity Name: SPECTRUM TECHNICAL, LLC

**FILED**  
**Feb 12, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

5954 ORTEGA RIVER CIRCLE  
JACKSONVILLE, FL 32244

**New Principal Place of Business:**

**Current Mailing Address:**

5954 ORTEGA RIVER CIRCLE  
JACKSONVILLE, FL 32244

**New Mailing Address:**

FEI Number: 27-5160956

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CONARD, TONY L  
5954 ORTEGA RIVER CIRCLE  
JACKSONVILLE, FL 32244 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: CONARD, TONY L  
Address: 5954 ORTEGA RIVER CIRCLE  
City-St-Zip: JACKSONVILLE, FL 32244 US

Title: MGRM  
Name: BELL, JASON J  
Address: 980 FRUIT COVE ROAD  
City-St-Zip: SAINT JOHNS, FL 32259 US

Title: MGRM  
Name: GARCIA, GILBERTO  
Address: 5802 PANKSTONE CROSSING DRIVE  
City-St-Zip: JACKSONVILLE, FL 32258 US

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: TONY L. CONARD

MGRM

02/12/2012

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