

ANNUAL REPORT (AR)

DOCUMENT # L98000001407

1. Entry Name

INFRARED AND INFORMATION SERVICES, L.C.



FILED
Feb 27, 2006 08:00 AM
Secretary of State

Principal Place of Business
4932 SW ABERDEEN CIR.
PALM CITY FL 34990

Mailing Address
4932 SW ABERDEEN CIR.
PALM CITY FL 34990



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E083 (10/05)

4. FEI Number
65-0866751

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HENDRIX, JAMES N
4932 SW ABERDEEN CIR.
PALM CITY FL 34990

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 translating)

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MGR
HENDRIX, JAMES N
4932 SW ABERDEEN CIR.
PALM CITY FL 34990 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
000000447753
03/08/06 80069-023 50.00 ☐ Change ☐ Addition

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

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

James Hendrix

Call (305) 793-1422
2/22/06 Hm (772) 286-5646