File on or before May 1, 1999 or Limited Liability Company will be subject to a $ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY
ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 APR 28 AM 8:47

FILING FEE $ 188.75	**Annual Report $100.00 + $88.75 Corporation Supplemental Fee**
	Make Check Payable To: FLORIDA DEPARTMENT OF STATE

DOCUMENT # L98000003351

1. Name and Mailing Address of Limited Liability Company

201 ECS ASSOCIATES, LLC
201 E. CENTER ST.
TARPON SPRINGS FL 34689

1a. Principal Place of Business Address

201 E. CENTER ST.
TARPON SPRINGS FL 34689

2 Principal Place of Business	2a. Mailing Address
S/A/A	S/A/A
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

3. Date Organized or Qualified: 12/22/1998
3a. State of Formation: FL
4. FEI Number: 59-3556494 ☐ Applied For ☐ Not Applicable
5. Date of Last Report
6. Certificate of Status Desired $8.75 Additional Fee Required ☐

7. Name and Address of Current Registered Agent	8. Name and Address of New Registered Agent/Office
KOKOLAKIS, JOHN 103 BUENA VISTA DR. DUNEDIN FL 34698	Name: Joseph J. Kokolakis Street Address (P.O. Box Number is Not Acceptable): 201 E. Center Street Suite, Apt. #, etc. City: Tarpon Springs FL Zip Code: 34689

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent and accept the obligations.

SIGNATURE: John Kokolakis DATE: 2-23-99
(Registered Agent Accepting Appointment) (Required Agent signature required when reinstating)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	KOKOLAKIS, JOHN	103 BUENA VISTA DR.	DUNEDIN FL
MGRM	KOKOLAKIS, PAGONA	103 BUENA VISTA DR.	DUNEDIN FL

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****188.75 ****188.75

11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual 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; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE: John Kokolakis 02/23/99 (727) 942-2211
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER — Date — Daytime Phone #

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