## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) – DUE BY MAY 1, 2008

## Mar 26, 2008 08:00 AN Secretary of State DOCUMENT # L9900005583 1. Entity Name STORTEC SYSTEMS COMPANY, LLC Principal Place of Business Mailing Address 17141 GRAND BAY DR. BOCA RATON FL 33496 17141 GRAND BAY DR. **BOCA RATON FL 33496** 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt #, etc 1st MOORE CR2E083 (10/07) City & State City & State Applied For 4. FEI Number 65-0944960 Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name STARK, LINDA Street Address (P.O. Box Number is Not Acceptable) 17141 GRAND BAY DR. **BOCA RATON FL 33496** Z-p Ccde 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, typed or printed name of registered agent and (its if depictable (NOTE: Registered Agent algorithm required when reinstating) DATE FILE NOW!!! FEE IS \$138.75 After May 1, 2008, Fee Will Be \$538.75 Make Check Payable to Florida Department of State MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES TITLE **MGRM** ☐ Delete ☐ Change ☐ Addition NAME STARK, LINDA NAME STREET ADDRESS 17141 GRAND BAY DR. STREET ADDRESS CITY-ST-ZIP **BOCA RATON FL 33496** CITY-ST-Z!P Addition 75 TITLE Delete TITLE U000000370545 \_\_ Change 04/09/09-80093-025 138 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST-ZiP ☐ Delete ☐ Change THLE Addition NAME NAME STREET ADDRESS STREET AUDRESS CITY-ST-ZIP CITY-S1-2:P TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ACCRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STHEET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

11. Thereby 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 earth; 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:

**FILED**