


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 19, 2007 08:00 A**  
**Secretary of State**

DOCUMENT # M01000000313  
 1. Entity Name  
 STRATICON, LLC



Principal Place of Business 8767 M-43 RICHLAND, MI 49083	Mailing Address P O BOX 588 RICHLAND, MI 49083
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04162007 No Chg-LLC CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 38-3577759	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
 UNITED CORPORATE SERVICES, INC.  
 9200 S. DADELAND BLVD., STE. 508  
 MIAMI, FL 33156

**DO NOT WRITE IN THIS SPACE**

B. 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00**  
**Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM COMAR, BRET PO BOX 588 RICHLAND, MI 49083
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HARDIN, CHRISTINE PO BOX 588 RICHLAND, MI 49083
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HARDIN, JEFF PO BOX 588 RICHLAND, MI 49083
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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U00000718054  
 05/01/07-80006-017 50.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: *Jeff Hardin* Date: 4/16/07 Daytime Phone #: (269) 629-5936

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE