# 2005 LIMITED LIABILITY COMPANY

# **ANNUAL REPORT**

#### **DOCUMENT # M02000001905**

8406 BENJAMIN ROAD, SUITE J

TAMPA, FL 33634

1. Entity Name STRAUGHAN TECHNICAL DISTRIBUTION LLC Principal Place of Business Mailing Address

8406 BENIAMIN ROAD, SUITE I

TAMPA, FL 33634

**FILED** May 04, 2005 08:00 AM Secretary of State



### DO NOT WRITE IN THIS SPACE

04142005No Chg-LLC CR2E083 (10/03) 4. FEI Number Applied For 76-0622713 Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

Daylime Phone #

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324

### DO NOT WRITE IN THIS SPACE

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 reinstating)	<u> </u>	DATE	
Filing Fee is \$50.00 Due by May 1, 2005					
9.	MANAGING MEMBERS/MANAGERS	- <u></u>			
TITLE NAME. STREET ADDRESS CITY-ST-ZIP	MGR TRUEX, BRYAN 521 BELLE ISLE AVENUE BELLEAIR BEACH, FL 33786		05/05/05-6	362400 30114-008 10	0.00
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TITLE NAME STREET ADDRESS CITY-ST-ZIP					
11. Thereby 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 report is true and accurate and that my eightfure 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 ergowers to execute this report as required by Chapter 608, Florida Statutes.					

ANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE