

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90036 017 ****50.00



DOCUMENT # M03000000055

1. Entity Name

SAPPHIRE TECHNOLOGIES, LLC

Principal Place of Business

**60 HARVARD MILL SQUARE
WAKEFIELD MA 01880-3208**

Mailing Address

**60 HARVARD MILL SQUARE
WAKEFIELD MA 01880-3208**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE

CR2E083 (11/03)

4. FEI Number

47-0898957

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

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324**

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 reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☐ Delete
NAME NETLAND, GREGORY
STREET ADDRESS 60 HARVARD MILL SQUARE
CITY-ST-ZIP WAKEFIELD MA 01880-3208

TITLE MGR ☐ Delete
NAME WIDEBERG, BRUCE
STREET ADDRESS 60 HARVARD MILL SQUARE
CITY-ST-ZIP WAKEFIELD MA 01880-3208

TITLE MGR ☐ Delete
NAME PERLE, RICHARD
STREET ADDRESS 60 HARVARD MILL SQUARE
CITY-ST-ZIP WAKEFIELD MA 01880-3208

TITLE MGR ☒ Delete
NAME STRONG, JOSEPH L
STREET ADDRESS 60 HARVARD MILL SQUARE
CITY-ST-ZIP WAKEFIELD MA 01880-3208

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

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

TITLE ☐ Change ☒ Addition
NAME Manager
STREET ADDRESS Daniel Foley
CITY-ST-ZIP 60 Harvard Mill Square
Wakefield, MA 01880-3208

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

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

11. I 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 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 60B, Florida Statutes.

SIGNATURE:

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

4/9/04

Date

(781) 213-1500

Daytime Phone #