

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M04000002311

1. Entity Name
TOLT TECHNOLOGIES SERVICE GROUP, LLC



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 AUG 28 AM 9:51

Principal Place of Business
8350 S. KYRENE RD., STE. 104
TEMPE, AZ 85284

Mailing Address
8350 S. KYRENE RD., STE. 104
TEMPE, AZ 85284

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

06092006

Chg-LLC

CR2E083 (11/05)

4. FEI Number

46-0492162

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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

Filing Fee is \$50.00
Due by September 6, 2006

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☒ Delete
NAME BROWN, TAMRA S
STREET ADDRESS 8350 S. KYRENE RD., STE. 104
CITY-ST-ZIP TEMPE, AZ 85284

TITLE MGRM ☐ Delete
NAME RHEA, STUART E
STREET ADDRESS 8350 S. KYRENE RD., STE. 104
CITY-ST-ZIP TEMPE, AZ 85284

TITLE MGRM ☒ Delete
NAME BOYKIN, WAYNE
STREET ADDRESS 8350 S. KYRENE RD., STE. 104
CITY-ST-ZIP TEMPE, AZ 85284

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE MGRM ☐ Change ☒ Addition
NAME Schratz, Mark
STREET ADDRESS 8350 S. Kyrene Rd, Ste. 104
CITY-ST-ZIP Tempe, AZ 85284

TITLE Member ☐ Change ☒ Addition
NAME Don Van Leaken
STREET ADDRESS 8350 S. Kyrene Rd, Ste. 104
CITY-ST-ZIP Tempe, AZ 85284

TITLE Member ☐ Change ☒ Addition
NAME Douglas J. Ray
STREET ADDRESS 319 Smugglers Cove Rd,
CITY-ST-ZIP Friday Harbor, WA 98250

TITLE Member ☐ Change ☒ Addition
NAME Michael Murphy
STREET ADDRESS 5114 Pt. Fosdick Dr. NW
CITY-ST-ZIP Gig Harbor, WA 98335

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 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:

SLA ER

0116/06

480403-8224

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

Date

Daytime Phone #