2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2006 8:00 am
Secretary of State
04-26-2006 90146 012 ****55.00

DOCUMENT # M04000003984

1. Entity Name
COPYTALK, LLC

Principal Place of Business
~~1351 FRUITVILLE ROAD~~
~~SARASOTA, FL 34236~~

Mailing Address
~~1351 FRUITVILLE ROAD~~
~~SARASOTA, FL 34236~~

2. Principal Place of Business	3. Mailing Address
500 TALLEVAST ROAD	500 TALLEVAST ROAD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: SARASOTA, FL	City & State: SARASOTA, FL
Zip: 34243 Country	Zip: 34243 Country

02222006 Chg-LLC CR2E083 (11/05)

4. FEI Number 65-1144740 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

ARNOLD, GARY J
7339 PERIWINKLE DRIVE
SARASOTA, FL 34231

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 May 1, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM WORTHINGTON, NORMAN A III ~~1351 FRUITVILLE ROAD~~ ~~SARASOTA, FL 34236~~ ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 500 TALLEVAST ROAD SARASOTA, FL 34243
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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: [signature] GARY J. ARNOLD 4/25/06 (941) 894-0007
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #
TREASURER & AUTHORIZED REPRESENTATIVE