2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M05000000572



FILED Jan 16, 2007 8:00 am Secretary of State

1. Entity Nam SUMMIT		CTING LLC						007 90053 046 ****50.00			
Principal Place of Business 120 NORTH LIME STREET LANCASTER, PA 17602			Mailing Address 120 NORTH LIME STREET LANCASTER, PA 17602								
2. Principal P	N. Lin	ess - No P.O. Box #	3. Mailing Address P.D. B.O.L. 1268 Suite, Apt. #, etc.			01082007 Chg-LLC CR2E083 (12/06)					
City & State	VCASTO	er PA	City & State LANCASTER		Pa., 4. FEI Nur 23-30						plied For
Zip	17602	Country USA	Zip 17608	Country US	A	5. Certificate		Desired		5.00 Add	litional
	6. Name	and Address of Current I	Registered Agent			7. Name and Address of New Registered Agent					***
C T CORP		SVSTEM		Name							
	TH PINE I	SLAND ROAD	Street Addres			s (P.O. Box Number is Not Acceptable)					
				City	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 a	nd title if applicable. (NOTE: I	Registered Agent sign	ature required	when reinstating)			DATE		
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Fi Di	ling Fee i ue by May	s \$50.00 7 1, 2007							check pay: Department		
9.		MANAGING MEMBE		10.			ADI	DITIONS/CI	HANGES		
TITLE NAME	MGRM GRAY, DE	NNIC D	☐ Delete	TITLE NAME] Change	☐ Addition
STREET ADDRESS		130 W. SUITE E		STREET ADDRESS	;						
CITY-ST-ZIP	SALT LAK	E CITY, UT 84104		CITY-ST-ZIP							
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NAME	CARP, IR			NAME	IRE	N. LIM	RP -	On.	BOV 176	8	
STREET ADDRESS CITY-ST-ZIP		E ST PO BOX 1268 ER, PA 17608		STREET ADDRESS CITY-ST-ZIP	120	N. LIM ANCAST	G D1 Tel	Pn	1	7608	
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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.											
FILE SECTREPOSITER FOR 101-7 707-3121											431
SIGNATURE: MEMBER TICK CORP. 1901 397 3637 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Cate Dayline Phone #											