

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 11, 2006 08:00 AM
Secretary of State

DOCUMENT # M05000003605

1. Entity Name
SYSTEAL SCIENTIFIC, LLC



Principal Place of Business

900 JORIE BLVD., SUITE 35
OAK BROOK, IL 60523

Mailing Address

900 JORIE BLVD., SUITE 35
OAK BROOK, IL 60523



07062006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number
20-0779207

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

PIPER, ROBERT
2930 S. PINES DRIVE
LARGO, FL 33771

**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)

DATE _____

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

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	CHINCHILLA, CRAIG R
STREET ADDRESS	900 JORIE BLVD., SUITE 35
CITY - ST - ZIP	OAK BROOK, IL 60523

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

000000569515
07/11/06-80030-018-50.00

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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE

Date _____

Daytime Phone # _____