

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 07, 2008 8:00 am
Secretary of State

04-07-2008 90236 031 ***138.75

DOCUMENT # M07000006446					
1. Entity Name SURF-TECHNICIANS, LLC					
Principal Place of Business 1776 PEACHTREE STREET, SUITE 220 SOUTH ATLANTA, GA 30309			Mailing Address 1776 PEACHTREE STREET, SUITE 220 SOUTH ATLANTA, GA 30309		
2. Principal Place of Business - No P.O. Box # 2685 MATTISON LANE		3. Mailing Address 2685 MATTISON LANE			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State SANTA CRUZ CA		City & State SANTA CRUZ CA		4. FEI Number 26-0713894	
Zip 95062		Country		5. Certificate of Status Desired <input type="checkbox"/> \$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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State		
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FRENCH, RANDALL L 2685 MATTISON LANE SANTA CRUZ, CA 95062	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HARBIN, KATHERINE G 1776 PEACHTREE STREET, SUITE 220 SOUTH ATLANTA, GA 30309	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HARBIN, THOMAS S III 1776 PEACHTREE STREET, SUITE 220 SOUTH ATLANTA, GA 30309	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RIEDEL, CHAD 1776 PEACHTREE STREET, SUITE 220 SOUTH ATLANTA, GA 30309	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RIEDEL, CHAD 1776 PEACHTREE STREET, SUITE 220 SOUTH ATLANTA, GA 30309	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RIEDEL, CHAD 1776 PEACHTREE STREET, SUITE 220 SOUTH ATLANTA, GA 30309	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RIEDEL, CHAD 1776 PEACHTREE STREET, SUITE 220 SOUTH ATLANTA, GA 30309	<input type="checkbox"/> Delete			
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 _____			3/31/08 831-479-4944		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		