

2021 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L05000008100

Entity Name: COMPUTER TECHNOLOGIES U.S.A. LLC**Current Principal Place of Business:**8925 COLLINS AVE APT 7F
SURFSIDE, FL 33154**Current Mailing Address:**C/O MIRSKY & ASSOC.
2 BLUE HILL PLAZA, POB 1571
PEARL RIVER, NY 10965 US**FEI Number:** 42-1663445**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CAPITOL CORPORATE SERVICES, INC.
515 EAST PARK AVENUE 2ND FLOOR
TALLAHASSEE, FL 32301 US*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.***SIGNATURE:** ADRIAN ALEXANDRU

08/25/2021

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MANAGER
Name MIRSKY, ELLIS
Address C/O MIRSKY & ASSOC.
2 BLUE HILL PLAZA, POB 1571
City-State-Zip: PEARL RIVER NY 10965

Title MANAGER
Name ROSEN, PHILIP
Address 1216 CARDINAL LAKE DRIVE
City-State-Zip: CHERRY HILL NJ 08003

Title MEMBER
Name ADRIAN ALEXANDRU 2016 FAMILY TRUST
Address C/O MIRSKY & ASSOC.
2 BLUE HILL PLAZA, POB 1571
City-State-Zip: PEARL RIVER NY 10965

Title MANAGER
Name RAXENBERG, LAWRENCE
Address 65 JOYCE LANE
City-State-Zip: WOODBURY NY 11797

Title MANAGER
Name ALEXANDRU, ADRIAN
Address 8925 COLLINS AVE
APT 7F
City-State-Zip: SURFSIDE FL 33154

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ELLIS MIRSKY

MANAGER

08/25/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date