

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000011234

**Entity Name:** PJS TECH SERVICES LLC

**Current Principal Place of Business:**

400 CATALINA ROAD  
APT 102  
COCOA BEACH, FL 32931

**Current Mailing Address:**

400 CATALINA ROAD  
COCOA BEACH, FL 32931

**FEI Number:** 59-5620034

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

SHANNON, PATRICK J  
400 CATALINA ROAD  
APT 102  
COCOA BEACH, FL 32931 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

|                 |                         |                 |                      |
|-----------------|-------------------------|-----------------|----------------------|
| Title           | MGR                     | Title           | OTHER                |
| Name            | SHANNON, PATRICK J      | Name            | SHANNON, DYKE E      |
| Address         | 400 CATALINA RD APT 102 | Address         | 108 JAMAICA DR       |
| City-State-Zip: | COCOA BEACH FL 32931    | City-State-Zip: | COCOA BEACH FL 32931 |

*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:** PATRICK JAMES SHANNON

**MANAGER**

**03/21/2016**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date