

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 10, 2003 8:00 am
Secretary of State

01-10-2003 90006 030 ****50.00

DOCUMENT # L00000007211

1. Entity Name

TECH DIRECT SALES, LLC



Principal Place of Business

**173 MILL RUN DR.
LAKE MARY FL 32746**

Mailing Address

**PMB 320
4044 LK MARY BLVD. #104
LAKE MARY FL 32746**

2. Principal Place of Business

110 MAYFAIR CIRCLE

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SANFORD, FLORIDA

City & State

Zip

Country

32771

Country

4. FEI Number **59-3649874**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

☒ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BAGRI, HURR
600 N. US HWY. 17-92, STE. 168
LONGWOOD FL 32750**

Name

BAGRI, HURR

Street Address (P.O. Box Number is Not Acceptable)

110 MAYFAIR CIRCLE

City

SANFORD

FL

Zip Code

32771

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)

01/07/03

DATE

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **D** ☐ Delete
NAME **BAGRI, HURR**
STREET ADDRESS **600 N. US HWY. 17-92, STE. 168**
CITY-ST-ZIP **LONGWOOD FL 32750**

TITLE **D** ☒ Change ☐ Addition
NAME **BAGRI, HURR**
STREET ADDRESS **110 MAYFAIR CIRCLE**
CITY-ST-ZIP **SANFORD, FL 32771**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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] SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

01/07/03

Date

(407) 927-9967

Daytime Phone #

CR2E083 (10/02)