


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90040 035 ****50.00

DOCUMENT # L00000010789 1. Entity Name COMPUTERS SIMPLIFIED, LLC			
Principal Place of Business 522 WILDWOOD PARKWAY CAPE CORAL, FL 33904		Mailing Address 522 WILDWOOD PARKWAY CAPE CORAL, FL 33904	
2. Principal Place of Business 803 MONTCLAIRE CT Suite, Apt. #, etc.		3. Mailing Address 803 MONTCLAIRE CT Suite, Apt. #, etc.	
City & State CAPE CORAL, FL		City & State CAPE CORAL, FL	
Zip 33904		Zip 33904	
Country		Country	
4. FEI Number APPLIED FOR		Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent NIROUMAND, BAHRAM 522 WILDWOOD PARKWAY CAPE CORAL, FL 33904		7. Name and Address of New Registered Agent Name NIROUMAND, BAHRAM Street Address (P.O. Box Number is Not Acceptable) 803 MONTCLAIRE CT City CAPE CORAL FL Zip Code 33904	
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 _____			
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NIROUMAND, BAHRAM 522 WILDWOOD PARKWAY CAPE CORAL, FL 33904 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 803 MONTCLAIRE CT CAPE CORAL FL 33904
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NIROUMAND, BAHRAM 803 MONTCLAIRE CT CAPE CORAL, FL 33904 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date 4-23-04 Daytime Phone # _____	