FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Apr 30, 2002 8:00 am Secretary of State DOCUMENT # L01000004638 1. Entity Name 04-30-2002 90037 029 ****50.00 SURPLUS COMPUTER LIQUIDATOR'S, LLC Principal Place of Business Mailing Address 725 NORTH MAGNOLIA AVE. 725 NORTH MAGNOLIA AVE. ひらひけんエ ORLANDO FL 32803 ORLANDO FL 32803 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 52-2321204 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name STONE, STEPHEN M Street Address (P.O. Box Number is Not Acceptable) 725 NORTH MAGNOLIA AVE. ORLANDO FL 32803 City 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By May 1, 2002 MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES MANAGING MENGEL TITLE Delete TITLE ☐ Change ☐ Addition MOHAMMEDTAKI JAFFER NAME NAME STREET ADDRESS STREET ADDRESS 1738 BRIDGENATER DRIVE CITY-ST-ZIP CITY-ST-ZIP LAKEMANY FLIRIDA 32746 MANAGING MEMBER ☐ Addition TITLE ☐ Delete TITLE Change BIPIN PARMAR NAME NAME 1728 BEIJGENATER DEIVE STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP FURIDA □ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TIT! F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 received proposed to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE AND TYPED OR PRINTED NAME.

NING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Mohammedtaki Jaffer