

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

1/25/2005-90085-036-\$50.00-\$50.00

SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 FEB 28 AM 9:12

DOCUMENT # L01000012304

1. Entity Name

HD COMPUTER SERVICES PLUS, LLC



Principal Place of Business

20368 46TH STREET
LIVE OAK, FL 32060

Mailing Address

20368 46TH STREET
LIVE OAK, FL 32060

DO NOT WRITE IN THIS SPACE

01152005No Chg-LLC

CR2E083 (10/03)

4. FEI Number

59-3736278

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

SHARPLESS, LEWIS S
20368 46TH STREET
LIVE OAK, FL 32060

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IN THIS SPACE**

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 reappointing)

DATE

Filing Fee is \$50.00
Due by May 1, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
SHARPLESS, LORRAINE A
20368 46TH STREET
LIVE OAK, FL 32060

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
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CITY-ST-ZIP

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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, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #