

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 08, 2006 08:00 AM**  
**Secretary of State**

**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



02052006No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

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

**DO NOT WRITE  
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 reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2006**

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 |
|-------|------|----------------|---------------|
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|-------|------|----------------|---------------|
|       |      |                |               |

U00000425455  
02/18/06-80095-006 50.00

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 #

*Lorraine A Sharpless* Lorraine A Sharpless 2-6-06 386-3645720