LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2003 8:00 am
Secretary of State
04-16-2003 90040 035 ****50.00

DOCUMENT # L02000003945

1. Entity Name

TAL TECHNOLOGIES, L.L.C.

DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business	3. Mailing Address
C/O 8307 NW 68 STREET	C/O 8307 NW 68 STREET
Suite, Apt. #, etc. Miami Commercial Ctr., SUITE 4929	Suite, Apt. #, etc. Miami Commercial Ctr., SUITE 4929
City & State MIAMI, FL	City & State MIAMI, FL
Zip 33166 / Country U.S.A.	Zip 33166 / Country U.S.A.

4. FEI Number 02-0564508 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: FERRELL GROUP CORPORATE SERVICES, L.L.C.

Street Address (P.O. Box Number is Not Acceptable): 201 S. BISCAYNE BLVD., 34th floor

City: MIAMI FL Zip Code: 33131

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: _____ DATE
Signature, typed or printed name of registered agent and title if applicable.

FEE IS $50.00
Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM: DANIEL H. BELTRAN C/O 8307 NW 68 STREET, SUITE 4929 MIAMI, FL 33166
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CR2E083B (12/02)

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 — Daytime Phone #