

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Sep 26, 2003 8:00 am
Secretary of State

09-26-2003 90002 024 ****50.00

DOCUMENT # L02000009401

1. Entity Name
PERIPHERAL STORAGE TECHNOLOGY, LLC



Principal Place of Business

Mailing Address

**2853 LEXINGTON CT.
OVIEDO FL 32765**

**2853 LEXINGTON CT.
OVIEDO FL 32765**

30130067



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

01-0695128

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**TUFTS, T. SCOTT
215 NORTH EOLA DRIVE
ORLANDO FL 32802-2809**

Name **DAVID J. CONRAD**

Street Address (P.O. Box Number is Not Acceptable)

2853 LEXINGTON CT

City **OVIEDO**

FL

Zip Code **32765**

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

David J Conrad

DAVID J CONRAD

9/24/03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 24, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **PRESIDENT/OWNER** ☐ Delete
NAME **DAVID J. CONRAD**
STREET ADDRESS **2853 LEXINGTON CT**
CITY-ST-ZIP **OVIEDO FL 32765**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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 receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

David J Conrad
DAVID J CONRAD

Date

Daytime Phone #

9/24/03 407 5729005

CR2E083 (4/03)