

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 18, 2004 8:00 am
Secretary of State

03-18-2004 90182 049 ****55.00

DOCUMENT # L02000012978

1. Entity Name
COMPERIS TECHNOLOGIES LLC



Principal Place of Business
**7942 SHOALS DRIVE
APT # D
ORLANDO, FL 32817 US**

Mailing Address
**7942 SHOALS DRIVE
APT # D
ORLANDO, FL 32817 US**

24024577



2. Principal Place of Business
131 PURSLANE PASS

3. Mailing Address
131 PURSLANE PASS

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03152004 Chg-LLC CR2E083 (10/03)

City & State
DAVENPORT, FLORIDA

City & State
DAVENPORT, FLORIDA

4. FEI Number
71-0889624

Applied For
Not Applicable

Zip
33897

Country
USA

Zip
33897

Country
USA

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

6. Name and Address of Current Registered Agent

**BHATIA, VIVEK S
7942 SHOALS DRIVE
APT # D
ORLANDO, FL 32817**

7. Name and Address of New Registered Agent

Name
BHATIA, VIVEK S.
Street Address (P.O. Box Number is Not Acceptable)
131 PURSLANE PASS
City
DAVENPORT FL Zip Code
33897

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 **(VIVEK S. BHATIA)**

DATE **03/12/2004**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
WADHWA, SHASHI K
7942 - D SHOALS DRIVE
ORLANDO, FL 32817** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
WADHWA, SHASHI K.
131 PURSLANE PASS
DAVENPORT, FL 33897** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
BHATIA, VIVEK S
7942 - D SHOALS DRIVE
ORLANDO, FL 32817** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
BHATIA, VIVEK S.
131 PURSLANE PASS
DAVENPORT, FL 33897** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
N/A ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
N/A ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
N/A ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
N/A ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
N/A ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
N/A ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
N/A ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
N/A ☐ Change ☐ Addition

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: **(VIVEK S. BHATIA)**

DATE **03/12/2004** (321) 206-0526

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #