## FILED Aug 21, 2003 8:00 am Secretary of State

7/10

1. Entity Nam	MENT # LO20000 TEC COMPUTER SYSTEMS				07-10-2003 900	)52 040 *	****55.00	
Principal Place of Business Mailing Address			<del></del>	<del>-</del>				
2315 PEMBROCK DRIVE CLEARWATER FL 33764		2315 PEMBROOK DRIVE CLEARWATER FL 33764			55054637			
	•		· · · · · · · · · · · · · · · · · · ·					
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHE	CHECK HERE IF MAKING CHANGES			
City & State		City & State		4. FEI Number 04-3712	299	· -	Applied For Not Applicable	7
Zip	Country	Zip	Country	5. Certificate of Status		\$5.00 A Fee Requi	dditional Ired	
	6. Name and Address of Current	Registered Agent		7. Name and Address				1
MCLACHLAN, BRYAN K			Name	<u> </u>		· ·	· 	],
· 7985 113TH STREET NORTH, SUITE 340 SEMINOLE FL 33775			Street Addre	ess (P.O. Box Number is Not /	Acceptable)		`	
•		·	City	<u> </u>	FI	Zip Co	xde	
8. The above the obligat	named entity submits this statement for ions of registered agent.	or the purpose of changing its	registered office or reg	istered agent, or both, in the	State of Florida, I am	ı familiar witi	h, and accept	
SIGNATURE .	1 Signeture, typed or printed name of registered agent	and title if applicable. (NOTE	: Registered Agent signature rec	nitred when minstation)	DATE			
			W!!! FEE IS \$50.0					-
,	* \*-	Make Check Payable		ment of State			1	
9.	MANAGING MEMBI	ERS/MANAGERS	10.	AC	DITIONS/CHANGE	S		_
TITLE NAME	JUNAHAN HACKT	☐ Delete	TITLE NAME			Change	Addition	4/3
STREET ADDRESS City-St-Zip	2315 Remerouk Or Clearent F1 33		STREET ADDRESS CITY-ST-ZIP				'	CR2E083 (4/03)
TITLE NAME	Michael Delsons	Delete	TITLE NAME			☐ Change	☐ Addition	8
STREET ADDRESS CITY-ST-ZIP	12914 MANGARE ( Lango, F1 33774		STREET ADDRESS CITY-ST-ZIP					1
NAME -	Monty Brennan	One leader	NAME	Autor Property Co.	حيرا ب	Change	Addition	
STREET ADDRESS*	Largo, a 337	<u>.</u>	STREET ADDRESS CITY-ST-ZIP					
NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition	
11. I hereby c Indicated limited liab	ertify that the information supplied with on this report is true and accurate and oility company or the receiver of trustee	this filing does not qualify for that my signature shall have the employed to execute this re	he exemption stated in the same legal effect as aport as required by Ch	Section 119.07(3)(i), Florida if made under oath; that I am apter 608, Florida Statutes.	Statutes. I further cer a managing member	tify that the i	information er of the	
SIGNAT	URE: SIGNAT.	F SIGNING MANAGING MEMBER, MANA	SED Ger, or authorized repr	CO-1		727686 Jaytime Phone #	4 4258	



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood

July 11, 2003

Secretary of State

Recie Wed Vina

Mail 8-4-03

CONSOLETEC COMPUTER SYSTEMS, L.L.C. 2315 PEMBROOK DRIVE CLEARWATER, FL 33764

Subject: CONSOLETEC COMPUTER SYSTEMS, L.L.C.

Reference Number:

\_L02000025196\_

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$55.00; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

List the complete title, name, street address, city, state and zip code of each manager, managing member or principal of the limited liability company.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

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ANNUAL REPORTS SECTION