LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000032355

1. Entity Name

TECHTRONIXS, LLC



FILED Mar 04, 2003 8:00 am Secretary of State

03-04-2003 90156 020 ****50.00

	OO NOT WRITE	IN THIS SP	ACE			
4573	Principal Place of Business 3. Mailing Address 1573 ROANOAK WAY 4573 ROANOAK WAY					
Suite, Apt. #, etc. Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State	City & State PALM HARBOR FL Zip Country Country Zip COUNTRY Zip COUNTRY Zip 34685-3687 PIN FLLAS 34685-3687		BOR FL	4. FEI Number 06-1656615	Applied For Not Applicable	
Zip 34685-	3687 PINELLAS	Zip 34685-3687	PINELLAS		5.00 Additional e Required	
				7. Name and Address of Current Registered Ag	gent	
	DO NOT WI	JITE"	Name J.A.	NIS PROLINI (P.O. Box Number-is Not Acceptable)		
IN THIS SPACE			-Street Address	-Street Address (P.O. Box Number is Not Acceptable)		
			City PALM HARBOR FL Zip Code 34685-3689			
			City	N HARBOR FL	Zip Code 3 46 &£-3687	
8. The above r	named entity submits this statement for	the purpose of changing its re	egistered office or registe	ered agent, or both, in the State of Florida. I am fami		
irie obligatio	ons ovregistered agenit			, ,		
SIGNATURE	Signature typed or printed name of registered agent an	d title if applicable.		2/22/0	3	
		FI Make Check Payable	EE IS \$50.00 to Florida Departme JE BY MAY 1	ant of State		
9.	MANAGING MEMBER	S/MANAGERS				
TITLE	MANAGING MEM	BERS	TITLE		02)	
NAME	TANIS PAOLI	W/	NAME		12/	
STREET ADDRESS	4573 ROANOAK	WAY	STREET ADDRESS		88	
CITY-ST-ZIP	PALM HARBOR	FL 34685	CITY-ST-ZIP		CR2E083B (12/02	
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TITLE			TITLE	IN THIS SPACE		
NAME			NAME	III I I II I O O FACE	-	
STREET ADDRESS			STREET ADDRESS			

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 of the receiver or trustee propowered to execute this report as required by Chapter 608, Florida Statutes.

CITY-ST-ZIP

STREET ADDRESS

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TITLE NAME

TITLE

NAME

SIGNATURE: X

CITY-ST-ZIP

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NAME

POR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

2/22/03 727 939-0128