

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

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

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

DOCUMENT # L02000032355

1. Entity Name

TECHTRONIXS, LLC



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

4573 ROANOAK WAY

3. Mailing Address

4573 ROANOAK WAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

PALM HARBOR, FL

City & State

PALM HARBOR, FL

4. FEI Number

06-1656615

Applied For

Not Applicable

Zip

Country

34685-3687 PINELLAS

Zip

Country

34685-3687 PINELLAS

5. Certificate of Status Desired

**\$5.00** Additional Fee Required

7. Name and Address of Current Registered Agent

Name

JANIS PAOLINI

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

4573 ROANOAK WAY

City

PALM HARBOR

FL

Zip Code

34685-3687

**DO NOT WRITE  
IN THIS SPACE**

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

2/22/03  
DATE

**FEE IS \$50.00**

**Make Check Payable to Florida Department of State  
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE: MANAGING MEMBERS  
NAME: JANIS PAOLINI  
STREET ADDRESS: 4573 ROANOAK WAY  
CITY-ST-ZIP: PALM HARBOR, FL 34685

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IN THIS SPACE**

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

2/22/03 727 939-0128  
Date Daytime Phone #

CR2E083B (12/02)