

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

**FILED**  
**Feb 18, 2003 8:00 am**  
**Secretary of State**

02-18-2003 90325 035 \*\*\*\*50.00

DOCUMENT # L02000035023

1. Entity Name

RELIABLE COMPUTER SALES, LLC



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

1627 Colonial Parkway

Suite, Apt. #, etc.

3. Mailing Address

1627 Colonial Parkway

Suite, Apt. #, etc.

City & State

Palatine, IL

City & State

Palatine, IL

Zip

60067

Country

USA

Zip

60067

Country

USA

4. FEI Number

36-3682025

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

John Fermanis, Jr.

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

801 Magnolia

City

New Smyrna Beach

FL

Zip Code

32168

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 N/A

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

DATE

**FEE IS \$50.00**

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

9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
President	John R. Fermanis, Sr.	1627 Colonial Parkway	Palatine, IL 60067
Secretary/Treasurer	Patricia Fermanis	1627 Colonial Parkway	Palatine, IL 60067
Marketing Director	Edward Fermanis	1627 Colonial Parkway	Palatine, IL 60067
Marketing Director	Jon Orlowski	1627 Colonial Parkway	Palatine, IL 60067

**DO NOT WRITE  
IN THIS SPACE**

CR2E083B (12/02)

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: John R. Fermanis, Sr.

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

John R. Fermanis, Sr. 2/12/03

Date

847-705-0700

Daytime Phone #