## 2004 LIMITED LIABILITY COMPANY

## Apr 30, 2004 8:00 am Secretary of State **ANNUAL REPORT DOCUMENT # L03000003621** 04-30-2004 90059 039 \*\*\*\*50.00 TECH-POLICE.COM, LLC Principal Place of Business Mailing Address 12235 SW 132 COURT 400 81ST STREET MIAMI, FL 33186 MIAMI BEACH, FL 33141 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04282004 Chg-LLC CR2E083 (10/03) 4. FEI Number 82-0583898 City & State City & State Applied For Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DE GIULI, GERMAN Street Address (P.O. Box Number is Not Acceptable) 400 81ST STREET MIAMI BEACH, FL 33141 City Zip Code FL 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 Signeture, 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 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. 9. MGRM TITLE Change Addition TITLE ☐ Delete DE GIULI, GERMAN NAME NAME STREET ADDRESS STREET ADDRESS 400 81ST STREET #6 MIAMI BEACH, FL 33141 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change TITLE ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change Addition ☐ Detete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Change ☐ Delete TITLE NAME NAME 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 or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

CITY-ST-ZIP

GERMON DE SIGNATURE:

CITY-ST-ZIP

FILED