

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000008529

FILED  
Jan 31, 2007  
Secretary of State

**Entity Name:** COMPUTER TROUBLESHOOTERS OF SOUTH FLORIDA, LLC

**Current Principal Place of Business:**

5574 SOUTHWEST 25TH STREET  
MIRAMAR, FL 33027

**New Principal Place of Business:**

**Current Mailing Address:**

1831 NW 125TH TERR  
PEMBROKE PINES, FL 33028

**New Mailing Address:**

**FEI Number:** 81-0621001

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MONTAS, PATRICK  
5574 SW 25TH STREET  
MIRAMAR, FL 33027 US

**Name and Address of New Registered Agent:**

MONTAS, PATRICK  
5574 SOUTHWEST 25TH STREET  
MIRAMAR, FL 33027 US

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.

SIGNATURE:

01/31/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: INTERNATIONAL TURBO, SYSTEMS, INC.  
Address: 1831 NORTHWEST 125TH TERRACE  
City-St-Zip: PEMBROKE PINES, FL 33028

Title: MGRM ( ) Delete  
Name: MONTAS COMPUTING SOLUTIONS, INC.  
Address: 5574 SOUTHWEST 25TH STREET  
City-St-Zip: MIRAMAR, FL 33027

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: KATHLEEN ABRAHAMS-HOLLEY

MRS

01/31/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date