

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000014030

FILED  
Jun 17, 2008  
Secretary of State

Entity Name: HELP FOR THE COMPUTER SHY, LLC

## Current Principal Place of Business:

606 NORTH SHORE DRIVE  
#4  
ANNA MARIA, FL 34216 US

## Current Mailing Address:

PO BOX 991  
ANNA MARIA, FL 34216 US

## New Principal Place of Business:

4235 COQUINA CIRCLE  
H  
BRADENTON, FL 34208 US

## New Mailing Address:

4235 COQUINA CIRCLE  
H  
BRADENTON, FL 34208 US

FEI Number: 42-1588152      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

## Name and Address of Current Registered Agent:

GORZKA, MICHAEL J  
606 NORTH SHORE DRIVE  
#4  
ANNA MARIA, FL 34216 US

## Name and Address of New Registered Agent:

GORZKA, MICHAEL J  
4235 COQUINA CIRCLE  
H  
BRADENTON, FL 34208 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: MICHAEL GORZKA

06/17/2008

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: GORZKA, MICHAEL J  
Address: 606 NORTH SHORE #4  
City-St-Zip: ANNA MARIA, FL 34216 US

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: GORZKA, MICHAEL J  
Address: 4235 COQUINA CIRCLE  
City-St-Zip: BRADENTON, FL 34208 US

I hereby certify that the information supplied with this filing does not qualify 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: MICHAEL GORZKA

MGRM

06/17/2008

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