

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

8/2/2004-90117-043-\$55.00-\$55.00

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



MOORE CR2E083 (4/04)

|  |   |  |  |   |   |
|--|---|--|--|---|---|
| <b>DOCUMENT # L03000015244</b><br>1. Entity Name<br><b>TECHNO SERVICE, LLC</b>   |   |  |  |   |   |
| Principal Place of Business<br><b>7878 NW 103 ST.<br/>MIAMI FL 33016</b>   |   |  | Mailing Address<br><b>7878 NW 103 ST.<br/>MIAMI FL 33016</b> |   |   |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.<br>City & State<br>Zip   |   | 3. Mailing Address<br><b>7991 W 25 COURT</b><br>Suite, Apt. #, etc.<br>City & State<br><b>HALLEAH</b><br>Zip<br><b>33025</b>   |  |   |   |
| Country<br><b>FL</b>   |   | 4. FEI Number<br><b>20-1762416</b>   |  | Applied For<br><input checked="" type="checkbox"/> Not Applicable |   |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required  |   | 6. Name and Address of Current Registered Agent<br><b>ALFANO, ALEXANDER J ESQ<br/>2655 LE JEUNE RD., STE. 403<br/>CORAL GABLES FL 33134</b>  |  |   |   |
| 7. Name and Address of New Registered Agent<br>Name <b>NESTOR ROMERA</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>7991 W 25 COURT</b><br>City <b>HALLEAH</b> State <b>FL</b> Zip Code <b>33016</b>  |   | 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<br><small>Signature, typed or printed name of registered agent and title if applicable.</small>  |   | DATE<br><div style="border: 1px solid black; padding: 5px; text-align: center;"> <b>FILE NOW!!! FEE IS \$50.00</b><br/> <b>Make Check Payable to Florida Department of State</b><br/> <b>Due By: September 8, 2004</b> </div>  |  |   |   |
| 9. MANAGING MEMBERS/MANAGERS   |   |  | 10. ADDITIONS/CHANGES  |   |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | P<br>ROMERA, NESTOR V<br>7878 NW 103 ST.<br>MIAMI FL 33016  | <input type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | VP<br>GARCIA, HECTOR R<br>7878 NW 103 ST.<br>MIAMI FL 33016 | <input type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | _____<br>_____<br>_____<br>_____                            | <input type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | _____<br>_____<br>_____<br>_____                            | <input type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | _____<br>_____<br>_____<br>_____                            | <input type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | _____<br>_____<br>_____<br>_____                            | <input type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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. |   |  |  |   |   |
| <b>SIGNATURE:</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>  |   |  |  |   |   |
| <small>Date Daytime Phone #</small>  |   |  |  |   |   |