

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 03, 2006 8:00 am
Secretary of State

05-03-2006 90034 036 ****50.00

DOCUMENT # L03000025573

1. Entity Name
TECHNOLOGY CORNER, L.L.C.



Principal Place of Business
333 SOUTH TAMiami TRAIL, SUITE 101
VENICE, FL 34285

Mailing Address
333 SOUTH TAMiami TRAIL, SUITE 101
VENICE, FL 34285

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Zip Country

City & State
Zip Country



03162006 Chg-LLC CR2E083 (11/05)

4. FEI Number
55-0839603

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MILLER, MICHAEL W
333 SOUTH TAMiami TRAIL, SUITE 101
VENICE, FL 34285

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 _____ (NOTE: Registered Agent signature required when restoring) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2006**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE P
NAME MILLER, MICHAEL W
STREET ADDRESS 333 S. TAMiami TRAIL, SUITE 101
CITY-ST-ZIP VENICE, FL 34285

☐ Delete

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10. ADDITIONS/CHANGES

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CITY-ST-ZIP

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CITY-ST-ZIP

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

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

Date

Daytime Phone #

4-6-06 941-441-1380