


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

8/31/2005-90065-044-\$50.00-\$50.00

DOCUMENT # L04000017512
 1. Entity Name
MY COMPUTER GUY, LLC



FILED
Sep 15, 2005 8:00 A.M.
Secretary of State

Principal Place of Business Mailing Address
4323 SOUTHWEST HERLONG STREET **4323 SOUTHWEST HERLONG STREET**
FORT WHITE, FL 32038 US **FORT WHITE, FL 32038 US**

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

07122005 Chg-LLC CR2E083 (10/03)
 4. FEI Number Applied For
20-1358345 Not Applicable
 5. Certificate of Status Desired \$5.00 Additional Fee Required

8. Name and Address of Current Registered Agent
CBF CONSULTANTS, LLC
14820 SW 144 TERR
MIAMI, FL 33198

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

Filing Fee is \$50.00
Due by September 7, 2005

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ALBERTO, ALVAREZ 4323 SOUTHWEST HERLONG STREET FORT WHITE, FL 32038 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ANA, CAMARENA 4323 SOUTHWEST HERLONG STREET FORT WHITE, FL 32038 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 606, Florida Statutes.

SIGNATURE: *Alberto Alvarez* 8-20-05 (386)497-3457
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #