

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000028348

FILED  
Feb 06, 2006  
Secretary of State

**Entity Name:** TECH-SYSTEM SOLUTIONS GROUP (TSSG) LLC

**Current Principal Place of Business:**

1411 NW 31ST AVENUE  
POMPANO BEACH, FL 33069

**New Principal Place of Business:**

**Current Mailing Address:**

798 PUTTER PLACE  
POMPANO BEACH, FL 33069

**New Mailing Address:**

**FEI Number:** 20-1005306

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WILBY, NATASHA R  
798 PUTTER PLACE  
POMPANO BEACH, FL 33069 US

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

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:**

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM ( ) Delete  
**Name:** WILBY, NATASHA R  
**Address:** 798 PUTTER PLACE  
**City-St-Zip:** POMPANO BEACH, FL 33069

**Title:** MGRM ( ) Delete  
**Name:** TABET, JOHN  
**Address:** 7701 HOOD ST.  
**City-St-Zip:** HOLLYWOOD, FL 33024

**ADDITIONS/CHANGES:**

**Title:** MGRM (X) Change ( ) Addition  
**Name:** WILBY, NATASHA R  
**Address:** 4799 COCONUT CREEK PARKWAY #193  
**City-St-Zip:** COCONUT CREEK, FL 33063

**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:** NATASHA WILBY

MGR

02/06/2006

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