# 2006 LIMITED LIABILITY COMPANY
# ANNUAL REPORT

## DOCUMENT # L04000038979

**1.** Entity Name
TECHPOSSIBLE SOLUTIONS, LLC

| Principal Place of Business | Mailing Address |
|---|---|
| 1361 WAYNE AVENUE<br>NEW SMYRNA BEACH, FL  32168 | 1361 WAYNE AVENUE<br>NEW SMYRNA BEACH, FL  32168 |

## DO NOT WRITE IN THIS SPACE

07112006 No Chg-LLC          CR2E083 (11/05)

| **4.** FEI Number | | Applied For |
|---|---|---|
| 20-1192925 | | Not Applicable |

**5.** Certificate of Status Desired  ☑  **$5.00** Additional Fee Required

### 6. Name and Address of Current Registered Agent

HOMAN, THOMAS
1361 WAYNE AVENUE
NEW SMYRNA BEACH, FL  32168

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

**Filing Fee is $50.00**
**Due by September 6, 2006**

U00000570345
07/14/06-80010-010 55.00

### 9. MANAGING MEMBERS/MANAGERS

| | |
|---|---|
| TITLE | MGRM |
| NAME | HOMAN, THOMAS |
| STREET ADDRESS | 1361 WAYNE AVENUE |
| CITY-ST-ZIP | NEW SMYRNA BEACH, FL  32168 |
| TITLE | |
| NAME | |
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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:** _Thomas E Homan_                    7-11-2006
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE          Date          Daytime Phone #