

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000048917

Entity Name: TECH PLUS, LLC

FILED
May 01, 2007
Secretary of State

Current Principal Place of Business:

8440 S.W. 150TH AVE.
UNIT 105
MIAMI, FL 33193

New Principal Place of Business:

10643 N KENDALL DR.
#217
MIAMI, FL 33176

Current Mailing Address:

8440 S.W. 150TH AVE.
UNIT 105
MIAMI, FL 33193

New Mailing Address:

FEI Number: 20-1315226 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

MEBEL, TATIANA
10845 S.W. 112TH AVE., SUITE 210
MIAMI, FL 33176 US

Name and Address of New Registered Agent:

MEBEL, TATIANA
10643 N KENDALL DR
#217
MIAMI, FL 33176 US

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: TATIANA MEBEL

05/01/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MEBEL, TATIANA
Address: 8440 SW 150TH AVE UNIT 105
City-St-Zip: MIAMI, FL 33193

Title: MGRM () Delete
Name: ESCOBAR, HAROLD
Address: 8440 SW 150TH AVE UNIT 105
City-St-Zip: MIAMI, FL 33193

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: TATIANA MEBEL

MGRM

05/01/2007

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