

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000053803

FILED
Feb 16, 2006
Secretary of State

Entity Name: SGC COMPUTER FORENSICS, LLC

Current Principal Place of Business:

11304 BLACKBARK DRIVE
RIVERVIEW, FL 33569

New Principal Place of Business:

Current Mailing Address:

11304 BLACKBARK DRIVE
RIVERVIEW, FL 33569

New Mailing Address:

FEI Number: 20-1401524

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LUALLEN, SHERRI G
11304 BLACKBARK DR
RIVERVIEW, FL 33569 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: LUALLEN, SHERRI G
Address: 11304 BLACKBARK DR
City-St-Zip: RIVERVIEW, FL 33569

Title: MGRM () Delete
Name: LUALLEN, CRAIG F
Address: 11304 BLACKBARK DR
City-St-Zip: RIVERVIEW, FL 33569

Title: MGRM () Delete
Name: NELSON, GEORGE D
Address: 3003 SUMMER HOUSE DR
City-St-Zip: VALRICO, FL 33594

ADDITIONS/CHANGES:

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

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 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: CRAIG LUALLEN

MGRM

02/16/2006

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