

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000050559

1. Entity Name
TECHNICIAN24 LLC



Principal Place of Business
1943 DARRYL DRIVE APT B
TALLAHASSEE, FL 32301 US

Mailing Address
1943 DARRYL DRIVE APT B
TALLAHASSEE, FL 32301 US

FILED
08 SEP 12 PM 2:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

08292008 Chg-LLC CR2E083 (12/06)

4. FEI Number
35-2307550

Applied For
Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

ALLISON, JASON M
5606 MOSSY TOP WAY
TALLAHASSEE, FL 32303

7. Name and Address of New Registered Agent

Name
Joseph A. Martin

Street Address (P.O. Box Number is Not Acceptable)

1943 Darryl Dr, Apt B

City Tallahassee

FL

Zip Code
32301

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 Joseph A. Martin

9/12/08

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$138.75
Due by September 12, 2008**

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM
NAME MARTIN, JOSEPH A ☐ Delete
STREET ADDRESS 1943 DARRYL DRIVE, APT. B
CITY-ST-ZIP TALLAHASSEE, FL 32301

TITLE ☐ Change ☐ Addition
NAME 200135960672
STREET ADDRESS 09/16/08--01012--012
CITY-ST-ZIP **143.75

TITLE CEO
NAME MARTIN, JOSEPH A ☐ Delete
STREET ADDRESS 1943 DARRYL DRIVE, APT. B
CITY-ST-ZIP TALLAHASSEE, FL 32301

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: Joseph A. Martin

9/12/08

(850) 701-0542

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

x250