


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 21, 2007 8:00 am
Secretary of State

03-21-2007 90162 047 ****50.00

DOCUMENT # L05000051047	
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1. Entity Name FLECHA COMPUTER REPAIR, LLC	Principal Place of Business 15851 GREATER GROVES BLVD CLERMONT, FL 34714 US	Mailing Address 15851 GREATER GROVES BLVD CLERMONT, FL 34714 US
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

03132007 Chg-LLC CR2E083 (12/06)

4. FEI Number
20-2889892

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

6. Name and Address of Current Registered Agent

SMALLEY & COMPANY, P.A.
1517 E HILLCREST STREET
ORLANDO, FL 32803

7. Name and Address of New Registered Agent

Name: Claudia Pacheco

Street Address (P.O. Box Number is Not Acceptable):
6852 Magnolia Pointe Circle

City: Orlando State: FL Zip Code: 32810

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: Claudia Pacheco DATE: 3/13/07

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

Filing Fee is \$50.00 Due by May 1, 2007	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FLECHA, MARCOS <input type="checkbox"/> Delete 15851 GREATER GROVES BLVD CLERMONT, FL 34714	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Marcos A. Flecha MARCOS A. FLECHA 3/19/07 352-408-8763

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #