

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 13, 2006 8:00 am**  
**Secretary of State**

01-13-2006 90037 020 \*\*\*\*50.00

DOCUMENT # L05000104283

1. Entity Name  
WHOLESALE COMPUTER OUTLET, LLC



Principal Place of Business  
562 ORANGE AVENUE  
ALTAMONTE SPRINGS, FL 32701

Mailing Address  
562 ORANGE AVENUE  
ALTAMONTE SPRINGS, FL 32701

**60001418**



2. Principal Place of Business  
106 N. Woodland Blvd.

3. Mailing Address

Suite, Apt. #, etc.

City & State  
Deland, FL

Zip  
32720

Country  
Polusia

01092006 Chg-LLC CR2E083 (11/05)

4. FEI Number

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

MARTINEAU, JOHN A  
562 ORANGE AVENUE  
ALTAMONTE SPRINGS, FL 32701

7. Name and Address of New Registered Agent

Name

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

City

FL Zip Code

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]* member of 1/11/06

(NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00  
Due by May 1, 2006**

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

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MARTINEAU, JOHN A 562 ORANGE AVENUE ALTAMONTE SPRINGS, FL 32701 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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*PAID CHK # 1126  
1/11/06*

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: *[Signature]* member of 1/11/06 407-702-5531

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