

# **2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000043201

**FILED**  
**Apr 02, 2007**  
**Secretary of State**

**Entity Name:** LINES OF SERVICES OF TECHNOLOGY LC.

**Current Principal Place of Business:**

8300 NW 53 RD ST  
STE 350  
DORAL, FL 33166

**New Principal Place of Business:**

**Current Mailing Address:**

8300 NW 53 RD ST  
STE 350  
DORAL, FL 33166

**New Mailing Address:**

**FEI Number:** 20-4774577

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

TELLEZ, CESAR A SR.  
8960 WEST FLAGLER STREET  
APT. # 8  
MIAMI, FL 33174 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: MGR ( ) Delete  
Name: TELLEZ, CESAR A SR.  
Address: 8960 WEST FLAGLER STREET  
City-St-Zip: MIAMI, FL 33174

**ADDITIONS/CHANGES:**

Title: P (X) Change ( ) Addition  
Name: TELLEZ, CESAR A SR.  
Address: 8960 WEST FLAGLER STREET  
City-St-Zip: MIAMI, FL 33174

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: CESAR A TELLEZ

P

04/02/2007

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