

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000051237

FILED  
Jan 11, 2009  
Secretary of State

Entity Name: THE COMPUTER RANGERS LLC

**Current Principal Place of Business:**

1740 SETTING SUN LOOP  
CASSELBERRY, FL 32707

**New Principal Place of Business:**

**Current Mailing Address:**

1740 SETTING SUN LOOP  
CASSELBERRY, FL 32707

**New Mailing Address:**

FEI Number: 20-4892063

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SPIES, AARON T  
297 DROSDICK DRIVE  
CASSELBERRY, FL 32707 US

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

SPIES, AARON T  
1740 SETTING SUN LOOP  
CASSELBERRY, FL 32707 US

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: AARON SPIES

01/11/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: SPIES, AARON T  
Address: 297 DROSDICK DRIVE  
City-St-Zip: CASSELBERRY, FL 32707

Title: MGRM ( ) Delete  
Name: ROMAN, NELSON JR.  
Address: 4510 BROOKHOLLOW CIRCLE  
City-St-Zip: WINTER SPRINGS, FL 32708

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: SPIES, AARON T  
Address: 1740 SETTING SUN LOOP  
City-St-Zip: CASSELBERRY, FL 32707

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

I hereby certify that the information supplied with this filing does not qualify 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: AARON SPIES

MGRM

01/11/2009

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