

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000053907

Entity Name: TECHMONSTER LLC

FILED
Jul 12, 2007
Secretary of State

Current Principal Place of Business:

5814 N 17TH ST
TAMPA, FL 33610

New Principal Place of Business:

Current Mailing Address:

5814 N 17TH ST
TAMPA, FL 33610

New Mailing Address:

FEI Number: 20-4931806 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

DAVIS, SCOTT A
5814 N 17TH ST
TAMPA, FL 33610 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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: DAVIS, SCOTT
Address: 5814 N 17TH ST
City-St-Zip: TAMPA, FL 33610

Title: MGR () Delete
Name: PRESUME, ABDEL
Address: 5814 N 17TH ST
City-St-Zip: TAMPA, FL 33610

Title: MGR (X) Delete
Name: HOWARD, KEVIN
Address: 5814 N 17TH ST
City-St-Zip: TAMPA, FL 33610

ADDITIONS/CHANGES:

Title: CTO (X) Change () Addition
Name: DAVIS, SCOTT A
Address: 5814 N 17TH ST
City-St-Zip: TAMPA, FL 33610

Title: CAO (X) Change () Addition
Name: HOWARD, KEVIN
Address: 5814 N 17TH ST
City-St-Zip: TAMPA, FL 33610

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: SCOTT A DAVIS

CTO

07/12/2007

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