

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000093642

FILED  
Apr 28, 2008  
Secretary of State

Entity Name: TECHNOSHUTTERS ASSOCIATION, LLC

## Current Principal Place of Business:

7135 COLLINS AVE.  
APT.# 1015  
MIAMI BEACH, FL 33141 US

## Current Mailing Address:

7135 COLLINS AVE.  
APT.# 1015  
MIAMI BEACH, FL 33141 US

## New Principal Place of Business:

6767 COLLINS AVE.  
APT.# 1402  
MIAMI BEACH, FL 33141 US

## New Mailing Address:

6767 COLLINS AVE.  
APT.# 1402  
MIAMI BEACH, FL 33141 US

FEI Number: 20-5612699

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GRINSZPUN, HECTOR L MR  
7135 COLLINS AVE.  
APT.# 1015  
MIAMI BEACH, FL 33141 US

## Name and Address of New Registered Agent:

GRINSZPUN, HECTOR L  
6767 COLLINS AVE.  
APT.# 1402  
MIAMI BEACH, FL 33141 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: HECTOR L GRINSZPUN

04/28/2008

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: GRINSZPUN, HECTOR L MGRM  
Address: 7135 COLLINS AVE., UNIT 1015  
City-St-Zip: MIAMI BEACH, FL 33141 US

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: GRINSZPUN, HECTOR L  
Address: 6767 COLLINS AVE., UNIT 1402  
City-St-Zip: MIAMI BEACH, FL 33141 US

Title: MGRM ( ) Change (X) Addition  
Name: DURAN, VIVIANA E  
Address: 6767 COLLINS AVE., UNIT 1402  
City-St-Zip: MIAMI BEACH, FL 33141 US

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: HECTOR L GRINSZPUN

MGRM

04/28/2008

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