

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000108609

Entity Name: TBA IT SERVICES LLC

FILED  
May 06, 2009  
Secretary of State

## Current Principal Place of Business:

2121 PONCE DE LEON BLVD.  
SUITE 330  
CORAL GABLES, FL 33134 US

## Current Mailing Address:

2121 PONCE DE LEON BLVD.  
SUITE 330  
CORAL GABLES, FL 33134 US

## New Principal Place of Business:

1430 S. DIXIE HIGHWAY  
SUITE 321  
CORAL GABLES, FL 33146 US

## New Mailing Address:

1430 S. DIXIE HIGHWAY  
SUITE 321  
CORAL GABLES, FL 33146 US

FEI Number: 26-0368695      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:

ORTIZ, MICHAEL  
2121 PONCE DE LEON BLVD.  
SUITE 330  
CORAL GABLES, FL 33134 US

## Name and Address of New Registered Agent:

ORTIZ, MICHAEL  
1430 S. DIXIE HIGHWAY  
SUITE 321  
CORAL GABLES, FL 33146 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: MICHAEL ORTIZ

05/06/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: BONER LEO, MARIA CRISTINA  
Address: 2121 PONCE DE LEON BLVD.  
City-St-Zip: CORAL GABLES, FL 33134 US

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: BONER LEO, MARIA CRISTINA  
Address: 1430 S. DIXIE HIGHWAY, SUITE 321  
City-St-Zip: CORAL GABLES, FL 33146 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: MICHAEL ORTIZ

RA

05/06/2009

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