## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L07000000046

City-St-Zip:

NORTH MIAMI BEACH, FL 331811602

FILED Apr 23, 2007 Secretary of State

Entity Name: NORTHERN COMPUTER SYSTEMS ASSOCIATES, LLC

**Current Principal Place of Business: New Principal Place of Business:** 2031 NE 139TH ST APT 10 NORTH MIAMI BEACH, FL 331811602 **Current Mailing Address: New Mailing Address:** 2031 NE 139TH ST APT 10 NORTH MIAMI BEACH, FL 331811602 FEI Number: 20-8231997 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: LEVANO, VICTOR RAUL 2031 NE 139TH ST APT 10 NORTH MIAMI BEACH, FL 331811602 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: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete LEVANO, VICTOR RAUL Name: Name: 2031 NE 139TH ST APT 10 Address: Address: City-St-Zip: NORTH MIAMI BEACH, FL 331811602 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition Name: LEVANO, PETER Name: Address: 2031 NE 139TH ST APT 10 Address: City-St-Zip: NORTH MIAMI BEACH, FL 331811602 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition LEVANO, JOHNNATAN Name: Name: Address: 2031 NE 139TH ST APT 10 Address: City-St-Zip: NORTH MIAMI BEACH, FL 331811602 City-St-Zip: Title: MGRM ( ) Delete Title: () Change () Addition Name: LEVANO, SANDER Name: 2031 NE 139TH ST APT 10 Address: Address:

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.

City-St-Zip:

SIGNATURE: VICTOR RAUL LEVANO MGRM 04/23/2007