# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) – DUE BY MAY 1, 2008

**FILED**
**Feb 08, 2008 8:00 am**
**Secretary of State**
02-08-2008 90100 034 ***143.75

DOCUMENT # L07000000046

1. Entity Name

NORTHERN COMPUTER SYSTEMS ASSOCIATES, LLC

| Principal Place of Business | Mailing Address |
|---|---|
| 2031 NE 139TH ST APT 10<br>NORTH MIAMI BEACH FL 33181-1602 | 2031 NE 139TH ST APT 10<br>NORTH MIAMI BEACH FL 33181-1602 |

1st MOORE CR2E083 (10/07)

| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address |
|---|---|
| 17710 N.W. 73 AVE | 17710 N.W. 73 AVE |
| Suite, Apt. #, etc.: 102 | Suite, Apt. #, etc.: 102 |
| City & State: HIALEAH | City & State: HIALEAH |
| Zip: 33015-6210 Country: | Zip: 33015-6210 Country: |

4. FEI Number: 20-8231997 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$5.00** Additional Fee Required

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| LEVANO, VICTOR RAUL<br>2031 NE 139TH ST APT 10<br>NORTH MIAMI BEACH FL 33181-1602 | Name: LEVANO, VICTOR RAUL<br>Street Address (P.O. Box Number is Not Acceptable): 17710 N.W. 73 AVE<br>APT 102<br>City: HIALEAH FL Zip Code: 33015-6210 |

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Victor Raul Levano 01/30/08
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS $138.75**
**After May 1, 2008, Fee Will Be $538.75**
**Make Check Payable to Florida Department of State**

| 9. MANAGING MEMBERS / MANAGERS | | | 10. ADDITIONS / CHANGES | | |
|---|---|---|---|---|---|
| TITLE | MGRM | ☐ Delete | TITLE | MGRM | ☑ Change ☐ Addition |
| NAME | LEVANO, VICTOR RAUL | | NAME | LEVANO, VICTOR RAUL | |
| STREET ADDRESS | 2031 NE 139TH ST APT 10 | | STREET ADDRESS | 17710 N.W 73 AVE APT 102 | |
| CITY-ST-ZIP | NORTH MIAMI BEACH FL 33181-1602 | | CITY-ST-ZIP | HIALEAH FL 33015-6210 | |
| TITLE | MGRM | ☐ Delete | TITLE | MGRM | ☑ Change ☐ Addition |
| NAME | LEVANO, PETER | | NAME | LEVANO, PETER | |
| STREET ADDRESS | 2031 NE 139TH ST APT 10 | | STREET ADDRESS | 17710 N.W. 73 AVE APT 102 | |
| CITY-ST-ZIP | NORTH MIAMI BEACH FL 33181-1602 | | CITY-ST-ZIP | HIALEAH FL 33015-6210 | |
| TITLE | MGRM | ☐ Delete | TITLE | MGRM | ☑ Change ☐ Addition |
| NAME | LEVANO, JOHNNATAN | | NAME | LEVANO, JOHNNATTAN | |
| STREET ADDRESS | 2031 NE 139TH ST APT 10 | | STREET ADDRESS | 17710 N.W. 73 AVE APT 102 | |
| CITY-ST-ZIP | NORTH MIAMI BEACH FL 33181-1602 | | CITY-ST-ZIP | HIALEAH FL 33015-6210 | |
| TITLE | MGRM | ☑ Delete | TITLE | | ☐ Change ☐ Addition |
| NAME | LEVANO, SANDER | | NAME | | |
| STREET ADDRESS | 2031 NE 139TH ST APT 10 | | STREET ADDRESS | | |
| CITY-ST-ZIP | NORTH MIAMI BEACH FL 33181-1602 | | CITY-ST-ZIP | | |
| TITLE | | ☐ Delete | TITLE | | ☐ Change ☐ Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | ☐ Delete | TITLE | | ☐ Change ☐ Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:** Victor Raul Levano. 01/30/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #