2008 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

Sep 02, 2008 8:00 am Secretary of State **DOCUMENT # L07000021683** 09-02-2008 90077 042 ***143.75 TECHNICAL SPECIALISTS, LLC Principal Place of Business Mailing Address 3809 N 41ST ST 3809 N 415T 5T **TAMPA, FL 33610** TAMPA, FL 33610 3. Mailing Address 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. Suite, Apt. #, etc. 07092008 Cha-LLC CR2E083 (12/06) City & State City & State 4. FEI Number Applied For 20-8525*055* Not Applicable Ζiρ Country Country \$5.00 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SUTHERLAND, LEE Street Address (P.O. Box Number is Not Acceptable) 3809 N 41ST ST TAMPA, FL 33610 City Zio Code 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 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 One by September 12, 2008 In accordance with a. 607.193(2)(b), F.S., the limited flability company did not receive the prior notice. Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGRM nne ☐ Detete nne ☐ Chance ☐ Addition NAME SUTHERLAND, LEE NAME G 3809 N 41ST ST STREET ADDRESS STREET ADDRESS CITY ST DE **TAMPA, FL 33610** CHY-ST-ZIP TITLE Delete ☐ Addition HALLE STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP F] Delete Channe Addition NAME STREET ADDRESS STREET ADORESS CITY-ST-7IP CITY_ST_78P TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS מיב זון בין דון מוד. זיף. עדויף TITLE ☐ Delete TITLE ☐ Chance ☐ Addition NAME NAME STREET ADDRESS STREET AUDRESS City-St-7iP City-St-ZiP TITLE ☐ Delete TITLE Change ☐ Addition HAME MARIE STREET ADDRESS STREET ADDRESS

11. I hereby certify that the information cupplied with this filling does not qualify for the exemptions contained in Chapter 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 it made under cath; that I am a managing member or manager of the filmited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. SUTHERLAND

CITY-ST-20P

IAGER, OR AUTHORIZED REPRESENTATIVE

CITY-ST-ZIP

813-210-7206

FILED