

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 21, 2008 8:00 am
Secretary of State

02-21-2008 90068 040 ***138.75

DOCUMENT # L07000023182 1. Entity Name TECHNO GEEK COMPUTERS, LLC				 61	
Principal Place of Business 36705 SKYCREST BLVD. FRUITLAND PARK, FL 34731			Mailing Address 36705 SKYCREST BLVD. FRUITLAND PARK, FL 34731		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		4. FEJ Number 61-1541927	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent GRANATA, DEREK M 2880 EAST SABLE CIRCLE MARGATE, FL 33063-5659			7. Name and Address of New Registered Agent Name DAVID R. ROSENRAUCH Street Address (P.O. Box Number is Not Acceptable) 36705 SKYCREST BLVD City FRUITLAND PARK FL Zip Code 34731		
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				DATE 2/18/08	
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 NAME STREET ADDRESS CITY - ST - ZIP	MGR RAPHAEL ROSENRAUCH, DAVID 36705 SKYCREST BLVD. FRUITLAND PARK, FL 34731	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing 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 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:				DATE 02/18/08 DAYTIME PHONE # 954 857-3106	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					