

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000064781

FILED  
Aug 04, 2008  
Secretary of State

**Entity Name:** TECHNOLOGY PROFESSIONALS GROUP, LLC

**Current Principal Place of Business:**

10707 66TH STREET NORTH  
SUITE G  
PINELLAS PARK, FL 33782

**New Principal Place of Business:**

**Current Mailing Address:**

10707 66TH STREET NORTH  
SUITE G  
PINELLAS PARK, FL 33782

**New Mailing Address:**

FEI Number: 45-0564667      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:**

**Name and Address of New Registered Agent:**

ABC SOLUTIONS, LLC  
10707 66TH STREET NORTH  
SUITE 8  
PINELLAS PARK, FL 33782 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:**

Title: MGRM ( ) Delete  
Name: BUCHIANICO, RAYANNE M  
Address: 5100 22ND AVENUE NORTH  
City-St-Zip: SAINT PETERSBURG, FL 33710 US

Title: MGRM ( ) Delete  
Name: BAXTER, CARYN A  
Address: 12150 74TH STREET  
City-St-Zip: LARGO, FL 33773 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: CARYN BAXTER

MGRM

08/04/2008

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