

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000092841

FILED
Apr 24, 2008
Secretary of State

Entity Name: TECH CAPITAL ADVISORS, LLC

Current Principal Place of Business:

360 8TH AVE N. UNIT #6
TIERRA VERDE, FL 33715 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 46636
ST. PETE BEACH, FL 33741 US

New Mailing Address:

P.O. BOX 46634
ST. PETE BEACH, FL 33741 US

FEI Number: 26-1080968

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HINGSON, NATHAN
360 8TH AVE N. UNIT #6
TIERRA VERDE, FL 33715 US

Name and Address of New Registered Agent:

HINGSON, NATHAN W
360 8TH AVE N. UNIT #6
TIERRA VERDE, FL 33715 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: NATHAN W. HINGSON

04/24/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: HINGSON, NATHAN
Address: 360 8TH AVE N. UNIT #6
City-St-Zip: TIERRA VERDE, FL 33715 US

Title: MGRM (X) Delete
Name: ROBERTS, JAMES
Address: 2628 MARTIN AVE
City-St-Zip: LAKELAND, FL 33803 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: HINGSON, NATHAN W
Address: 360 8TH AVE N. UNIT #6
City-St-Zip: TIERRA VERDE, FL 33715 US

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: NATHAN W. HINGSON

MMBR

04/24/2008

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