**FILED**
**Apr 21, 2008 8:00 am**
**Secretary of State**
04-21-2008 90307 030 ***138.75

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**60025645**

DOCUMENT # L07000114909

1. Entity Name
TECHNICAL SALES ASSISTANT, LLC

| Principal Place of Business | Mailing Address |
|---|---|
| 31442 WEKIVA RUN ROAD<br>SORRENTO, FL 32776 | 31442 WEKIVA RUN ROAD<br>SORRENTO, FL 32776 |

04112008 Chg-LLC CR2E083 (12/06)

| | |
|---|---|
| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address: 20 N. Orange Avenue |
| Suite, Apt. #, etc. | Suite, Apt. #, etc.: Suite 600 |
| City & State | City & State: Orlando, Florida |
| Zip / Country | Zip: 32801 / Country |

4. FEI Number — 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 |
|---|---|
| HENDRY, STONER, CALANDRINO & BROWN PA<br>20 N ORANGE AVE STE 600<br>ORLANDO, FL 32801 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City FL Zip 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
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 | MGR ☐ Delete | TITLE | ☐ Change ☐ Addition |
| NAME | MAYO, MARTIN | NAME | |
| STREET ADDRESS | 31442 WEKIVA RUN ROAD | STREET ADDRESS | |
| CITY-ST-ZIP | SORRENTO, FL 32776 | 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 |
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| CITY-ST-ZIP | | CITY-ST-ZIP | |
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| 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 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:** Martin Mayo 4/11/08 407-221-0041
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #