

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000120848

FILED
May 01, 2009
Secretary of State

Entity Name: TECH SUPPORT WIZARDS.COM LLC

Current Principal Place of Business:

PARK PLAZA ON THE CURVE 900 N FED HWY
FORT LAUDERDALE, FL 33301 US

New Principal Place of Business:

Current Mailing Address:

2100 SOUTH OCEAN LANE
UNIT 2202
FORT LAUDERDALE, FL 33316 US

New Mailing Address:

PARK PLAZA ON THE CURVE 900 N FED HWY
FORT LAUDERDALE, FL 33301 US

FEI Number: 26-1505415 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:

KING, JAMES
2100 SOUTH OCEAN LANE
UNIT 2202
FORT LAUDERDALE, FL 33316 US

Name and Address of New Registered Agent:

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: KING, JAMES
Address: 2100 SOUTH OCEAN LANE UNIT 2202
City-St-Zip: FORT LAUDERDALE, FL 33316 US

Title: MGRM () Delete
Name: BURDICK, BRANDON
Address: 11780 GRIFFING BLVD
City-St-Zip: BISCAYNE PARK, FL 33161 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: JAMES KING

MGRM

05/01/2009

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