

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000026413

FILED  
Feb 25, 2009  
Secretary of State

Entity Name: THE COMPUTER CLINIC, LLC

**Current Principal Place of Business:**

4640 HYPOLUXO RD, STE 4  
LAKE WORTH, FL 33463

**New Principal Place of Business:**

**Current Mailing Address:**

4640 HYPOLUXO RD, STE 4  
LAKE WORTH, FL 33463

**New Mailing Address:**

FEI Number: 26-2176497

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

GREENSPOON MARDER, P.A.  
100 W. CYPRESS CREEK ROAD, SUITE 700  
FORT LAUDERDALE, FL 33309 US

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

GORMAN, MARK J MNG MBR  
4640 HYPOLUXO ROAD  
SUITE 4  
LAKE WORTH, FL 33463 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: MARK GORMAN

02/25/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: GORMAN, MARK  
Address: 100 W. CYPRESS CREEK ROAD, SUITE 700  
City-St-Zip: FORT LAUDERDALE, FL 33309

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: GORMAN, MARK J MNG MBR  
Address: 4640 HYPOLUXO ROAD STE 4  
City-St-Zip: LAKE WORTH, FL 33463 US

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: MARK GORMAN

MGR

02/25/2009

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