

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000062095

FILED
Feb 28, 2009
Secretary of State

Entity Name: CARLSON BARROS TECH SERVICES, L.L.C.

Current Principal Place of Business:

2313 LAKE DEBRA DRIVE, APT. 2827
ORLANDO, FL 328356657

New Principal Place of Business:

Current Mailing Address:

2313 LAKE DEBRA DRIVE, APT. 2827
ORLANDO, FL 328356657

New Mailing Address:

FEI Number: 83-0447459

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BARROS, CARLSON
2313 LAKE DEBRA DRIVE, APT. 2827
ORLANDO, FL 328356657 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: MGR () Delete
Name: DE A BARROS, CARLSON
Address: 2313 LAKE DEBRA DRIVE, APT. 2827
City-St-Zip: ORLANDO, FL 328356657

Title: MGRM () Delete
Name: BARROS, FABIULA P
Address: 2313 LAKE DEBRA DRIVE, APT. 2827
City-St-Zip: ORLANDO, FL 328356657

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: BARROS, CARLSON D A
Address: 2313 LAKE DEBRA DRIVE, APT. 2827
City-St-Zip: ORLANDO, FL 328356657 US

Title: MGRM (X) Change () Addition
Name: BARROS, FABIULA P
Address: 2313 LAKE DEBRA DRIVE, APT. 2827
City-St-Zip: ORLANDO, FL 328356657 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: CARLSON BARROS

MGR

02/28/2009

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