

# **2010 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L09000070566

Entity Name: TECHNOSYSTEMS LLC

**FILED**  
**Jul 26, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

6135 NW 167TH STREET  
UNIT E1  
HIALEAH, FL 33015 US

**New Principal Place of Business:**

**Current Mailing Address:**

6135 NW 167TH STREET  
UNIT E1  
HIALEAH, FL 33015 US

**New Mailing Address:**

FEI Number: 27-0599706

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SPARFEL, THIERRY P  
6135 NW 167TH STREET  
HIALEAH, FL 33015 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  
Name: SPARFEL, THIERRY P  
Address: 6135 NW 167TH STREET  
City-St-Zip: HIALEAH, FL 33015 US

Title: MGRM  
Name: SPARFEL, DOMINIQUE  
Address: 6135 NW 167TH STREET  
City-St-Zip: HIALEAH, FL 33015 US

Title: MGR  
Name: STAMPER, AMIR  
Address: 6135 NW 167TH STREET  
City-St-Zip: HIALEAH, FL 33015 US

I hereby 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: THIERRY SPARFEL

MGRM

07/26/2010

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