

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000088728

**FILED**  
**Apr 10, 2012**  
**Secretary of State**

**Entity Name:** TECHNOLOGY DEPOT LLC

**Current Principal Place of Business:**

150 E WILDMERE AVE  
SUITE 108  
LONGWOOD, FL 32750

**New Principal Place of Business:**

**Current Mailing Address:**

150 E WILDMERE AVE  
SUITE 108  
LONGWOOD, FL 32750

**New Mailing Address:**

**FEI Number:** 27-0931037

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HUSAIN, JAFFER  
150 E WILDMERE AVE  
SUITE 108  
LONGWOOD, FL 32750 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  
**Name:** JAFFER, HUSAIN  
**Address:** 511 ARBOR LAKES CIRCLE  
**City-St-Zip:** SANFORD, FL 32746

**Title:** MGR  
**Name:** JUSAB, SUHAILABBAS  
**Address:** 2144 NORTHUMBRIA DRIVE  
**City-St-Zip:** SANFORD, FL 32771

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:** HUSAIN JAFFER

MGR

04/10/2012

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