

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000032104

Entity Name: LAPTOPS REBORN, LLC

**FILED**  
**Apr 13, 2012**  
**Secretary of State**

## **Current Principal Place of Business:**

504 SE NOME DRIVE  
PORT ST. LUCIE, FL 34984 US

## **New Principal Place of Business:**

504 SE NOME DR  
PORT SAINT LUCIE, FL 34984 US

## **Current Mailing Address:**

504 SE NOME DRIVE  
PORT ST. LUCIE, FL 34984 US

## **New Mailing Address:**

504 SE NOME DR  
PORT SAINT LUCIE, FL 34984 US

FEI Number: 27-2182961

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CAPPEL, EUGENE F  
504 SE NOME DR.  
PORT ST. LUCIE, FL 34984 US

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

CAPPEL, EUGENE F  
504 SE NOME DR  
PORT SAINT LUCIE, FL 34984 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: EUGENE F CAPPEL

04/13/2012

Electronic Signature of Registered Agent

Date

## **MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: CAPPEL, EUGENE F  
Address: 504 SE NOME DR  
City-St-Zip: PORT SAINT LUCIE, FL 34984 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: EUGENE F CAPPEL

MGRM

04/13/2012

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