

# **2014 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L10000049036

Entity Name: TECHNOLOGY SPECIALIST, LLC

**FILED**  
**Oct 01, 2014**  
**Secretary of State**

**Current Principal Place of Business:**

3523 FOREST RIDGE LANE  
KISSIMMEE, FL 34741

**New Principal Place of Business:**

3523 FOREST RIDGE LANE  
NONE  
KISSIMMEE, FL 34741 UN

**Current Mailing Address:**

3523 FOREST RIDGE LANE  
KISSIMMEE, FL 34741

**New Mailing Address:**

FEI Number: 27-3470471

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CORMIER, STEPHEN C  
3523 FOREST RIDGE LN  
KISSIMMEE, FL 34741 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: STEPHEN C CORMIER

Electronic Signature of Registered Agent

Date

**AUTHORIZED PERSONS:**

Title: MGRM  
Name: CORMIER, STEPHEN C  
Address: 3523 FOREST RIDGE LN  
City-St-Zip: KISSIMMEE, FL 34741 US

Title: MGR  
Name: CORMIER, KERI A  
Address: 3523 FOREST RIDGE LN  
City-St-Zip: KISSIMMEE, FL 34741 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 authorized to execute this report as required by Chapter 605, Florida Statutes.

SIGNATURE: STEPHEN C. CORMIER

MGRM

10/01/2014

Electronic Signature of Authorized Person

Date