

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000084700

**FILED**  
**Apr 30, 2012**  
**Secretary of State**

**Entity Name:** TECHNOLOGIES UNLIMITED, LLC

**Current Principal Place of Business:**

6570 GRIFFIN ROAD #103  
DAVIE, FL 33314 US

**New Principal Place of Business:**

**Current Mailing Address:**

6570 GRIFFIN ROAD #103  
DAVIE, FL 33314 US

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For (X)**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MANCIN, JORGE  
6570 GRIFFIN ROAD #103  
DAVIE, FL 33314 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: MANCIN, JORGE  
Address: 6570 GRIFFIN ROAD SUITE 103  
City-St-Zip: DAVIE, FL 33314 US

Title: MGRM  
Name: MARTINEZ, ORLANDO  
Address: 6570 GRIFFIN ROAD SUITE 103  
City-St-Zip: DAVIE, FL 33314 US

Title: MGRM  
Name: FLOOD, ED  
Address: 6570 GRIFFIN ROAD, SUITE 103  
City-St-Zip: DAVIE, FL 33314 US

Title: MGRM  
Name: WALLING, BARRY  
Address: 6570 GRIFFIN ROAD, SUITE 103  
City-St-Zip: DAVIE, FL 33314 US

Title: MGRM  
Name: PAISLEY, JOSEPH T  
Address: 6570 GRIFFIN ROAD, SUITE 103  
City-St-Zip: DAVIE, FL 33314 US

Title: MGRM  
Name: TIER, MICHAEL A  
Address: 6570 GRIFFIN ROAD, SUITE 103  
City-St-Zip: DAVIE, FL 33314 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: JORGE MANCIN

MGRM

04/30/2012

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