

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000110969

**FILED**  
**Feb 08, 2012**  
**Secretary of State**

**Entity Name:** BUSINESS TECHNOLOGY ADVISORS, LLC

**Current Principal Place of Business:**

1049 SAINT ANNE SHRINE ROAD  
LAKE WALES, FL 33898

**New Principal Place of Business:**

230 EAST PARK AVE  
SUITE 37  
LAKE WALES, FL 33853

**Current Mailing Address:**

1084 BERKSHIRE LANE  
TARPON SPRINGS, FL 34688 UN

**New Mailing Address:**

230 EAST PARK AVE  
SUITE 37  
LAKE WALES, FL 33853

FEI Number: 45-3436808

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

WATSON, JOSH M  
1049 SAINT ANNE SHRINE ROAD  
LAKE WALES, FL 33898 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: WATSON, JOSHUA M  
Address: 1049 SAINT ANNE SHRINE ROAD  
City-St-Zip: LAKE WALES, FL 33898

Title: MGRM  
Name: CLARK, DON L  
Address: 1084 BERKSHIRE LANE  
City-St-Zip: TARPON SPRINGS, FL 34688 UN

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: JOSH WATSON

MGRM

02/08/2012

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