

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000004724

1. Entity Name

TN TECHNOLOGY LLC

FILED

00 JAN 24 AM 11:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

3240-A JUAN TABO NE. STE 2114
ALBUQUERQUE NM 87111

Mailing Address

3240-A JUAN TABO NE. STE 2114
ALBUQUERQUE NM 87111-5129



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

900 E Indiantown Rd

Suite, Apt. #, etc.

Suite 216

3. Mailing Address

900 E Indiantown Rd

Suite, Apt. #, etc.

Suite 216

City & State

Jupiter Fl

City & State

Jupiter Fl

4. FEI Number

65-0939644

Applied For

Not Applicable

Zip

33477

Country

USA

Zip

33477

Country

USA

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

WILCOX, JEFFREY R

900 E. INDIANTOWN ROAD, STE 100
JUPITER FL 33477

7. Name and Address of New Registered Agent

Name

Terry A. Neves

Street Address (P.O. Box Number is Not Acceptable)

900 E. Indiantown Rd

Suite 216

City

Jupiter

FL

Zip Code

33477

8. 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

Terry A. Neves managing member Terry A Neves 1/10/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS

TITLE NAME ☐ Delete

MGRM
NEVES, TERRY
2701 PALO ALTO DRIVE NE
ALBUQUERQUE NM

TITLE NAME ☐ Delete

MGRM
NEVES, ELIZABETH A
2701 PALO ALTO DRIVE NE
ALBUQUERQUE NM

TITLE NAME ☐ Delete

TITLE NAME ☐ Delete

TITLE NAME ☐ Delete

TITLE NAME ☐ Delete

TITLE NAME ☐ Delete

TITLE NAME ☐ Delete

TITLE NAME ☐ Delete

TITLE NAME ☐ Delete

10. ADDITIONS / CHANGES

TITLE NAME ☒ Change ☐ Addition

STREET ADDRESS
CITY-ST-ZIP
900 E Indiantown Rd, Suite 216
Jupiter FL 33477

TITLE NAME ☒ Change ☐ Addition

STREET ADDRESS
CITY-ST-ZIP
87112

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY-ST-ZIP
000003118920--2
-02/01/00--01100--005
*****50.00 *****50.00

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

Terry A. Neves (NEVES)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

1/10/00
Date

(561) 741-7181
Daytime Phone #