

"FINAL"

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 19, 2003 8:00 am**  
**Secretary of State**

02-19-2003 90002 010 \*\*\*\*50.00

DOCUMENT # **L99000004724**

1. Entity Name

**TN Technology LLC**



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**900 E Indiantown Rd**

Suite, Apt. #, etc.

**Suite 216**

3. Mailing Address

**Same**

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

**Jupiter FL**

City & State

4. FEI Number

**65-0939644**

Applied For

Not Applicable

Zip

**33477**

Country

**USA**

Zip

Country

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

**Neves, Terry**

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

**900 E Indiantown Rd Ste 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

DATE

**FEE IS \$50.00**

**Make Check Payable to Florida Department of State**

**DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
Neves, Terry  
900 E Indiantown Rd Ste 216  
Jupiter FL 33477**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
Neves, Elizabeth  
900 E Indiantown Rd Ste 216  
Jupiter FL 33477**

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IN THIS SPACE**

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**  
**Terry A. Neves, managing member**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

**2/10/03 654-747781**

CR2E083B (12/02)