

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 13, 2007 8:00 am**  
**Secretary of State**

04-13-2007 90037 025 \*\*\*\*50.00

**DOCUMENT # L99000008353**

1. Entity Name  
**TECHNOFORD, LLC**



Principal Place of Business  
**11900 BISCAYNE BLVD., SUITE 801  
MIAMI, FL 33181**

Mailing Address  
**11900 BISCAYNE BLVD., SUITE 801  
MIAMI, FL 33181**

2. Principal Place of Business - No P.O. Box #  
**1111 Park Centre Blvd**

3. Mailing Address  
**1111 Park Centre Blvd**

Suite, Apt. #, etc.  
**#360**

Suite, Apt. #, etc.  
**#360**

03302007 Chg-LLC CR2E083 (12/06)

City & State  
**miami FL**

City & State  
**miami FL**

4. FEI Number  
**65-0985980**

Applied For  
Not Applicable

Zip  
**33169**

Country  
**USA**

Zip  
**33169**

Country  
**USA**

5. Certificate of Status Desired **E** **\$5.00** Additional Fee Required

## 6. Name and Address of Current Registered Agent

**LLERA, KAREN  
11900 BISCAYNE BLVD #801  
N MIAMI, FL 33181**

## 7. Name and Address of New Registered Agent

Name **Karen Llera**  
Street Address (P.O. Box Number is Not Acceptable)  
**1111 Park Centre Blvd #360**  
City **miami** **FL** Zip Code **33169**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**3-28-07**

**Filing Fee is \$50.00  
Due by May 1, 2007**

**Make check payable to  
Florida Department of State**

## 9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☐ Delete  
NAME **CYTRYNBAUM, MARIO**  
STREET ADDRESS **11900 BISCAYNE BLVD., SUITE 802**  
CITY-ST-ZIP **MIAMI, FL 33181**

TITLE **MGRM** ☐ Delete  
NAME **SIMKINI FAMILY LTD PARTNERSHIP**  
STREET ADDRESS **11900 BISCAYNE BLVD., #801**  
CITY-ST-ZIP **N. MIAMI, FL 33181**

TITLE **MGR** ☐ Delete  
NAME **SIMKINS, LEON**  
STREET ADDRESS **11900 BISCAYNE BLVD., #801**  
CITY-ST-ZIP **N. MIAMI, FL 33181**

TITLE **ST** ☐ Delete  
NAME **LLERA, KAREN**  
STREET ADDRESS **11900 BISCAYNE BLVD., SUITE 801**  
CITY-ST-ZIP **MIAMI, FL 33181**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 10. ADDITIONS/CHANGES

TITLE **member** ☒ Change ☐ Addition  
NAME **Cytrynbaum, Mario**  
STREET ADDRESS **12000 Biscayne Blvd #810**  
CITY-ST-ZIP **N. Miami FL 33181**

TITLE **Managing member** ☒ Change ☐ Addition  
NAME **Simkins Family Ltd Partnership**  
STREET ADDRESS **1111 Park Centre Blvd #360**  
CITY-ST-ZIP **miami FL 33169**

TITLE **Manager** ☒ Change ☐ Addition  
NAME **Leon Simkins**  
STREET ADDRESS **1111 Park Centre Blvd #360**  
CITY-ST-ZIP **miami FL 33169**

TITLE **ST** ☒ Change ☐ Addition  
NAME **Karen Llera**  
STREET ADDRESS **1111 Park Centre Blvd #360**  
CITY-ST-ZIP **miami FL 33169**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: **[Signature]** **ST**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**3-28-07** **305 859-8194**  
Date Daytime Phone #