

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

**FILED**  
**May 12, 2002 8:00 am**  
**Secretary of State**

05-12-2002 90576 016 \*\*\*\*55.00

**DOCUMENT #** M01000001225

**1. Entity Name**

TECHIT SOLUTIONS LLC

**DO NOT WRITE IN THIS SPACE**

**2. Principal Place of Business**

c/o Mark Preston

Suite, Apt. #, etc.

1261 White Road

City & State

Grove City, OH

Zip

43123

Country

USA

**3. Mailing Address**

c/o Mark Preston

Suite, Apt. #, etc.

1261 White Road

City & State

Grove City, OH

Zip

43123

Country

USA

**4. FEI Number**

31-1754250

Applied For

Not Applicable

**5. Certificate of Status Desired**

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**\$5.00 Additional  
Fee Required**

**7. Name and Address of Current Registered Agent**

Name

John Gessman

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

44 Spring Lane

City

Haines City

FL

Zip Code

33844

**DO NOT WRITE  
IN THIS SPACE**

**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**

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

DATE

**FEE IS \$50.00**

**Make Check Payable to Department of State  
DUE BY MAY 1**

**9. MANAGING MEMBERS/MANAGERS**


| TITLE | NAME         | STREET ADDRESS  | CITY-ST-ZIP          |
|-------|--------------|-----------------|----------------------|
|       | MGRM         |                 |                      |
|       | Mark Preston | 1261 White Road | Grove City, OH 43123 |
| TITLE | NAME         | STREET ADDRESS  | CITY-ST-ZIP          |
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**DO NOT WRITE  
IN THIS SPACE**

CR2E083B (12/01)

**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:**  V.P.

4-30-02

(888) 642-0406

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

Date

Daytime Phone #