

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000052158

**Entity Name:** TECHNICAL RESOURCE CENTER LLC

**Current Principal Place of Business:**

8180 NW 36 ST  
SUITE 321  
DORAL, FL 33166

**Current Mailing Address:**

8180 NW 36 ST  
SUITE 321  
DORAL, FL 33166 US

**FEI Number:** 38-3957841

**Certificate of Status Desired:** Yes

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

ROJAS, FELIPE  
8180 NW 36 ST  
SUITE 321  
DORAL, FL 33166 US

*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

**Authorized Person(s) Detail :**

Title            AMBR  
Name            ROJAS, FELIPE  
Address        8180 NW 36 ST  
                  SUITE 321  
City-State-Zip: DORAL FL 33166

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** FELIPE ROJAS

AMBR

03/27/2016

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date