

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000020544

**FILED**  
**Feb 17, 2008**  
**Secretary of State**

**Entity Name:** DEXTROUS IT TECHNOLOGIES LLC

**Current Principal Place of Business:**

2200 CHERRY LN  
STE 315  
LISLE, IL 60532 US

**New Principal Place of Business:**

**Current Mailing Address:**

2200 CHERRY LN  
STE 315  
LISLE, IL 60532 US

**New Mailing Address:**

**FEI Number:** 20-8566449      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

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

SOMEPELLI, VINOD  
12318 S.W. 10TH STREET  
PEMBROKE PINES, FL 33025 US

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

SOMEPELLI, VINOD  
2100 CONWAY ROAD  
J8  
ORLANDO, FL 32812 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: VINOD

02/17/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: TALACHIRU, SUBBA R  
Address: 12318 S.W. 10TH STREET  
City-St-Zip: PEMBROKE PINES, FL 33025 US

Title: MGRM (X) Delete  
Name: SOMEPELLI, KIRAN  
Address: 12318 S.W. 10TH STREET  
City-St-Zip: PEMBROKE PINES, FL 33025 US

Title: MGRM (X) Delete  
Name: SOMEPELLI, VINOD  
Address: 12318 S.W. 10TH STREET  
City-St-Zip: PEMBROKE PINES, FL 33025 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: SOMEPELLI, VINOD  
Address: 2100 S CONWAY ROAD APT # J8  
City-St-Zip: ORLANDO, FL 32812 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: VINOD

CEO

02/17/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date