

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000014307

FILED
Apr 29, 2009
Secretary of State

Entity Name: THE COMPOSITES GROUP, LLC

Current Principal Place of Business:

7705 TECHNOLOGY DRIVE
WEST MELBOURNE, FL 32904

New Principal Place of Business:

Current Mailing Address:

7705 TECHNOLOGY DRIVE
WEST MELBOURNE, FL 32904

New Mailing Address:

FEI Number: 59-3683104

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEWIT, SCOTT M
7705 TECHNOLOGY DRIVE
WEST MELBOURNE, FL 32904 US

Name and Address of New Registered Agent:

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

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: LEWIT, SCOTT M
Address: 1975 RIVER SHORE DR.
City-St-Zip: INDIALANTIC, FL 32903

Title: MGRM () Delete
Name: HELBLING, PATRICIA A
Address: 9025 YORK LANE, #11F
City-St-Zip: MELBOURNE, FL 32904

Title: MGRM () Delete
Name: REICHARD, RONNAL P
Address: 788 ACACIA AVE.
City-St-Zip: MELBOURNE VILLAGE, FL 32904

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change () Addition
Name: BAKER, PATRICIA A
Address: 9025 YORK LANE, #11F
City-St-Zip: MELBOURNE, FL 32904

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: SCOTT M. LEWIT

MGMR

04/29/2009

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