

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000014771

FILED
Apr 28, 2009
Secretary of State

Entity Name: TELANTIS TECHNOLOGY GROUP, LLC

Current Principal Place of Business:

345 CHANCERY CIRCLE
NAPLES, FL 34110 US

New Principal Place of Business:

Current Mailing Address:

791 WYE RD
AKRON, OH 44333 US

New Mailing Address:

FEI Number: 59-3740652

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MEYERSON, ANDREW S
5100 S. CLEVELAND
318387
FORT MYERS, FL 32301 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: YC RIVER LLLP
Address: 791 WYE RD.
City-St-Zip: AKRON, OH 44333

Title: ST () Delete
Name: CULOTTA, ELINOR M
Address: 791 WYE RD.
City-St-Zip: AKRON, OH 44333

Title: P () Delete
Name: KESSLER, HERBERT C III
Address: 791 WYE RD
City-St-Zip: AKRON, OH 44333

Title: ASAT () Delete
Name: WARREN, DEBORAH A
Address: 791 WYE RD.
City-St-Zip: AKRON, OH 44333

ADDITIONS/CHANGES:

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

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

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: ELINOR CULOTTA

S

04/28/2009

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