

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 11, 2006 8:00 am
Secretary of State

05-11-2006 90016 019 ****50.00

DOCUMENT # L02000025984

1. Entity Name

ALLTECH GROUP, LLC



Principal Place of Business

480 SOUTH CYPRESS ROAD
POMPANO BEACH FL 33060

Mailing Address

480 SOUTH CYPRESS ROAD
POMPANO BEACH FL 33060



2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

2610 Palm Aire Dr. North

Suite, Apt. #, etc.

1st MOORE

CR2E083 (10/05)

City & State

Zip

Country

City & State

Pompano Beach, FL

Zip

33069

Country

U.S.A.

4. FEI Number

47-0890629

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

USMAN, G.H.
480 SOUTH CYPRESS ROAD
POMPANO BEACH FL 33060

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete
NAME USMAN, G.H.
STREET ADDRESS 480 SOUTH CYPRESS ROAD
CITY-ST-ZIP POMPANO BEACH FL 33060

TITLE MGRM ☐ Delete
NAME DIGIORGIO, THOMAS H JR.
STREET ADDRESS 24 NE 24TH AVE
CITY-ST-ZIP POMPANO BEACH FL 33062

TITLE MGRM ☐ Delete
NAME BAMMAN, FRED C III
STREET ADDRESS 2189 SE 9TH STREET
CITY-ST-ZIP POMPANO BEACH FL 33062

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

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

Date

Daytime Phone #

5-4-06

904-277-1889