

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000018602

FILED
Jan 14, 2009
Secretary of State

Entity Name: KINETEK CONSULTING, LLC

Current Principal Place of Business:

318 INDIAN TRACE, #700
WESTON, FL 33326

New Principal Place of Business:

Current Mailing Address:

318 INDIAN TRACE, #700
WESTON, FL 33326

New Mailing Address:

FEI Number: 75-3070529

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FRUITMAN, STEVE PARTNER
318 INDIAN TRACE, #700
WESTON, FL 33326 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: MGR () Delete
Name: FRUITMAN, STEVE MEMBER
Address: 318 INDIAN TRACE, #700
City-St-Zip: WESTON, FL 33326

Title: MGR () Delete
Name: STARZEWSKI, PHONG MEMBER
Address: 318 INDIAN TRACE, #700
City-St-Zip: WESTON, FL 33326

Title: MGR () Delete
Name: SCHINTZEL, JOHN MEMBER
Address: 318 INDIAN TRACE, #700
City-St-Zip: WESTON, FL 33326

Title: MGR () Delete
Name: ARHANCET, JOHN MEMBER
Address: 318 INDIAN TRACE, #700
City-St-Zip: WESTON, FL 33326

Title: MGR () Delete
Name: DELANEY, DAVID MEMBER
Address: 318 INDIAN TRACE, #700
City-St-Zip: WESTON, FL 33326

Title: MGR () Delete
Name: MINHAS, SHIMANDER MEMBER
Address: 318 INDIAN TRACE, #700
City-St-Zip: WESTON, FL 33326

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
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Address:
City-St-Zip:

Title: () Change () Addition
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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: STEVE FRUITMAN

MR

01/14/2009

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