

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000031133

**FILED**  
**Apr 22, 2010**  
**Secretary of State**

**Entity Name:** COLLABORATIVE LIGHTTECHNIQUE, LLC

**Current Principal Place of Business:**

7142 DAVIT CIRCLE  
LAKE WORTH, FL 33467

**New Principal Place of Business:**

**Current Mailing Address:**

7142 DAVIT CIRCLE  
LAKE WORTH, FL 33467

**New Mailing Address:**

**FEI Number:** 81-0627433      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

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

TRICOMI, JOSEPH C  
12274 WEDGE WAY  
BOYNTON BEACH, FL 33437      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  
**Name:** KOK-TRICOMI, SASKIA M  
**Address:** 7142 DAVIT CIRCLE  
**City-St-Zip:** LAKE WORTH, FL 33467

**Title:** MGRM  
**Name:** TRICOMI, JOSEPH G  
**Address:** 7142 DAVIT CIRCLE  
**City-St-Zip:** LAKE WORTH, FL 33467

I hereby 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:** SASKIA KOK-TRICOMI

MGRM

04/22/2010

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