

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000033444

Entity Name: V3 TECHNOLOGY, LLC

FILED
May 01, 2009
Secretary of State

Current Principal Place of Business:

301 EAST PINE STREET
SUITE 150
ORLANDO, FL 32801

New Principal Place of Business:

110 BURNSED PLACE
SUITE 1010
OVIEDO, FL 32765

Current Mailing Address:

301 EAST PINE STREET
SUITE 150
ORLANDO, FL 32801

New Mailing Address:

110 BURNSED PLACE
SUITE 1010
OVIEDO, FL 32765

FEI Number: 20-0198446 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

DANQUE, MICHAEL C
1684 CANOE CREEK ROAD
OVIEDO, FL 32766 US

Name and Address of New Registered Agent:

DANQUE, MICHAEL C
110 BURNSED PLACE
SUITE 1010
OVIEDO, FL 32765 US

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: MICHAEL C DANQUE

05/01/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: DANQUE, MICHAEL C
Address: 1684 CANOE CREEK ROAD
City-St-Zip: OVIEDO, FL 32766

Title: MGR () Delete
Name: MUHANNA, IYAD A
Address: 1613 LAKELET LOOP
City-St-Zip: OVIEDO, FL 32765

ADDITIONS/CHANGES:

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: IYAD A MUHANNA

MGR

05/01/2009

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