

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000042177

FILED
Apr 16, 2009
Secretary of State

Entity Name: INTELITEC SYSTEMS INTEGRATION, LLC

Current Principal Place of Business:

10360 72 ST NORTH SUITE 806
LARGO, FL 33777

New Principal Place of Business:

10360 72 ST NORTH
SUITE 806
LARGO, FL 33777

Current Mailing Address:

10360 72 ST NORTH SUITE 806
LARGO, FL 33777

New Mailing Address:

10360 72 ST NORTH
SUITE 806
LARGO, FL 33777

FEI Number: 20-1239529

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BINGAMAN, KERRY
2435 1ST AVE. NORTH
ST. PETERSBURG, FL 33713 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: SOPER, JAMES J MGRM
Address: 10360 72 ST NORTH SUITE 806
City-St-Zip: LARGO, FL 33777 US

Title: MGRM () Delete
Name: NORTON, RONALD V
Address: 10360 72 ST NORTH SUITE 806
City-St-Zip: LARGO, FL 33777

Title: MGRM () Delete
Name: ZARTMAN, PAUL R
Address: 10360 72 ST NORTH SUITE 806
City-St-Zip: LARGO, FL 33777

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:

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: RONALD V. NORTON

MGRM

04/16/2009

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