## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L04000048902

Entity Name: NU TECH COATINGS LLC

FILED Apr 06, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 1008 WILLOWS TRACE DRIVE JOHNSON CITY, TN 37601 **Current Mailing Address: New Mailing Address:** 1008 WILLOWS TRACE DRIVE JOHNSON CITY, TN 37601 FEI Number: 20-1325746 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BRUNST, JORDAN BRUNST, JORDAN 15215 PLANTATION OAKS DRIVE #7 10307 VENITIA REAL AVENUE APT. 304 TAMPA, FL 33647 TAMPA, FL 33647 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: JORDAN BRUNST 04/06/2009 Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: Title: () Change () Addition MGR () Delete BRUNST, GEORGE E Name: Name: 1008 WILLOWS TRACE DRIVE Address: Address: City-St-Zip: JOHNSON CITY, TN 37601 City-St-Zip: Title: MGR () Delete Title: () Change () Addition WYMAN, JAMES V Name: Name: Address: 1666 STODDARD CIRCLE Address: City-St-Zip: KENNESAW, GA 30152 City-St-Zip: Title: MGR () Delete Title: MGR (X) Change ( ) Addition BRUNST, JORDAN BRUNST, JORDAN Name: Name: 15215 PLANTATION OAKS DRIVE #7 10307 VENETIA REAL AVENUE APT. 304 Address: Address: City-St-Zip: TAMPA, FL 33647 City-St-Zip: TAMPA, FL 33647 Title: MGR ( ) Delete Title: () Change () Addition Name: WYMAN, JACK Name: Address: 693 EMERIL COURT Address: City-St-Zip: SANIBEL, FL 33957 City-St-Zip: Title: MGR ( ) Delete Title: () Change () Addition FOSTER-BRUNST, DEBRA Name: Name: 1008 WILLOWS TRACE DRIVE Address: Address: City-St-Zip: JOHNSON CITY, TN 37601 City-St-Zip: Title: () Delete Title: () Change () Addition WYMAN, MARY Name: Name: Address: 1666 STODDARD CIRCLE Address: KENNESAW, GA 30152 City-St-Zip: 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: DEBRA FOSTER-BRUNST MGR 04/06/2009