2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000066660

Entity Name: INTECH SUPPLIERS, LLC

FILED Mar 20, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

 5054 N. HIATUS RD
 1512 MEADOWS BLVD

 SUNRISE, FL 33351
 WESTON, FL 33327

Current Mailing Address: New Mailing Address:

 5054 N HIATUS RD
 1512 MEADOWS BLVD

 SUNRISE, FL 33351
 WESTON, FL 33327

FEI Number: 20-1621095 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

HUPPERT, JOSEPH H 17611 S.W. 48 STREET

SOUTHWEST RANCHES, FL 33331 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:

City-St-Zip:

Electronic Signature of Registered Agent Date

Electronic Olghature of Negistered Agent

ADDITIONS/CHANGES:

MANAGING MEMBERS/MANAGERS:

MGRM () Delete Title: MGRM (X) Change () Addition

 Name:
 BUEJEN, HECTOR
 Name:
 BUEJEN, HECTOR

 Address:
 5054 N HIATUS RD
 Address:
 1486 MIRAVISTA CIR

 City-St-Zip:
 SUNRISE, FL 33351
 City-St-Zip:
 WESTON, FL 33327

Title: MGRM () Delete Title: MGRM (X) Change () Addition

 Name:
 MORENO, ANDRES
 Name:
 MORENO, ANDRES

 Address:
 5054 N HIATUS RD
 Address:
 1512 MEADOWS BLVD

 City-St-Zip:
 SUNRISE, FL 33351
 City-St-Zip:
 WESTON, FL 33327

Title: MGRM (X) Delete Title: () Change () Addition

 Name:
 AGLEY, RANDOLPH J TRUSTEE
 Name:

 Address:
 15420 WINDMILL POINTE DRIVE
 Address:

 City-St-Zip:
 GROSSE POINT PARK, MI 48230
 City-St-Zip:

Title: MGRM (X) Delete Title: () Change () Addition

 Name:
 INMAN, WAYNE C TRUSTEE
 Name:

 Address:
 60 RENAUD
 Address:

 City-St-Zip:
 GROSSE POINT PARK, MI 48236
 City-St-Zip:

 Name:
 INMAN, AMELIA P TRUSTEE
 Name:

 Address:
 60 RENAUD
 Address:

 City-St-Zip:
 GROSSE POINT PARK, MI 48236
 City-St-Zip:

GROSSE POINT PARK, MI 48236

Title: MGRM (X) Delete Title: () Change () Addition

 Title:
 MGRM
 (X) Delete
 Title:
 () Ch

 Name:
 TIMMIS, MICHAEL T TRUSTEE
 Name:

 Address:
 188 CLOVERLY ROAD
 Address:

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.

City-St-Zip:

SIGNATURE: HECTOR BUDEJEN MGRM 03/20/2009