

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000081368

**FILED**  
**Mar 21, 2009**  
**Secretary of State**

**Entity Name:** GRADIENTECH, LLC

**Current Principal Place of Business:**

2017 S. OCEAN DRIVE #1409  
HALLANDALE, FL 33009

**New Principal Place of Business:**

1843 NW 140TH TERRACE  
PEMBROKE PINES, FL 33028 US

**Current Mailing Address:**

2017 S. OCEAN DRIVE #1409  
HALLANDALE, FL 33009

**New Mailing Address:**

1843 NW 140TH TERRACE  
PEMBROKE PINES, FL 33028 US

**FEI Number:** 20-1863052

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

KOUROPTEV, EUGENE MGRM  
2017 S OCEAN DR  
#1409  
HALLANDALE, FL 33009 US

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

KOUROPTEV, EUGENE MGRM  
1843 NW 140TH TERRACE  
PEMBROKE PINES, FL 33028 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: EUGENE KOUROPTEV

03/21/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: KOUROPTEV, EUGENE  
Address: 2017 S. OCEAN DRIVE #1409  
City-St-Zip: HALLANDALE, FL 33009

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: KOUROPTEV, EUGENE EUGENE  
Address: 1843 NW 140TH TERRACE  
City-St-Zip: PEMBROKE PINES, FL 33028 US

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: EUGENE KOUROPTEV

MGRM

03/21/2009

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