2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 09, 2009
Secretary of State

DOCUMENT# L05000034126

Entity Name: TRANSCEND CUSTOMER SOLUTIONS I, LLC

Current Principal Place of Business:

4243 NORTHLAKE BOULEVARD, SUITE D
PALM BEACH GARDENS, FL 33410 US

New Principal Place of Business:

Current Mailing Address:

4243 NORTHLAKE BOULEVARD, SUITE D
PALM BEACH GARDENS, FL 33410 US

New Mailing Address:

FEI Number: 77-0656845 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

KAKKAR, YASH PAL
4243 NORTHLAKE BOULEVARD
SUITE D
PALM BEACH GARDENS, FL 33410 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: ETECH, INC.,
Address: 1903 BERRY DRIVE
City-St-Zip: NACOGDOCHES, TX 75964 US

Title: MGR ( ) Delete
Name: BAROT, DILIP
Address: 4243-D NORTHLAKE BOULEVARD
City-St-Zip: PALM BEACH GARDENS, FL 33410 US

Title: MGR ( ) Delete
Name: ROCCO, MATTHEW F
Address: 1903 BERRY DRIVE
City-St-Zip: NACOGDOCHES, TX 75964 US

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: MATTHEW ROCCO MGR 03/09/2009

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