

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000111552

FILED  
Mar 20, 2009  
Secretary of State

Entity Name: AIMTECH, LLC

## Current Principal Place of Business:

5054 N. HIATUS RD  
SUNRISE, FL 33351 US

## New Principal Place of Business:

1512 MEADOWS BLVD  
WESTON, FL 33327 US

## Current Mailing Address:

5054 N. HIATUS RD  
SUNRISE, FL 33351 US

## New Mailing Address:

1512 MEADOWS BLVD  
WESTON, FL 33327 US

FEI Number: 20-3808059

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HUPPERT, JOSEPH H  
17611 SW 48 STREET  
SOUTHWEST RANCHES, FL 33331 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: MGR ( ) Delete  
Name: MORENO, ANDRES  
Address: 5054 N. HIATUS RD  
City-St-Zip: SUNRISE, FL 33351 US

Title: MGR ( ) Delete  
Name: BUDEJEN, HECTOR  
Address: 5054 N. HIATUS RD  
City-St-Zip: SUNRISE, FL 33351

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: MORENO, ANDRES  
Address: 1512 MEADOWS BLVD  
City-St-Zip: WESTON, FL 33327 US

Title: MGR (X) Change ( ) Addition  
Name: BUDEJEN, HECTOR  
Address: 1486 MIRAVISTA CIR  
City-St-Zip: WESTON, FL 33327

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: HECTOR O BUDEJEN

MR

03/20/2009

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