

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000042568

FILED
Apr 02, 2009
Secretary of State

Entity Name: PATHWAY TECHNOLOGIES, LLC

Current Principal Place of Business:

5004 US 41 NORTH
PALMETTO, FL 34221 US

New Principal Place of Business:

5004B US 41 NORTH
PALMETTO, FL 34221 US

Current Mailing Address:

P. O. BOX 6978
SEFFNER, FL 33583 US

New Mailing Address:

FEI Number: 03-0590497 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GANS, STEPHEN C
924 HICKORY FORK DR.
SEFFNER, FL 33584 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: GANS, MICHAEL R
Address: 924 HICKORY FORK DR.
City-St-Zip: SEFFNER, FL 33584 US

Title: MGRM () Delete
Name: MEHTA, DEEPA R
Address: 112 HUNTERS RUN
City-St-Zip: KING OF PRUSSIA, PA 19406 US

Title: MGRM (X) Delete
Name: GANS, STEPHEN
Address: 924 HICKORY FORK DR
City-St-Zip: SEFFNER, FL 33584

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: GANS, STEPHEN C
Address: 924 HICKORY FORK DR
City-St-Zip: SEFFNER, FL 33584 US

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: STEPHEN C GANS

MGRM

04/02/2009

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