

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000089052

FILED
Apr 21, 2009
Secretary of State

Entity Name: THE VERTECH GROUP, LLC

Current Principal Place of Business:

16267 N.W. 14TH COURT
PEMBROKE PINES, FL 33028 US

New Principal Place of Business:

Current Mailing Address:

16267 N.W. 14TH COURT
PEMBROKE PINES, FL 33028 US

New Mailing Address:

1661 SW 106TH TERRACE
DAVIE, FL 33324 US

FEI Number: 41-2214021

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MORRELL, ENID E
16267 N.W. 14TH COURT
PEMBROKE PINES, FL 33028 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: MORRELL, ENID E
Address: 16267 N.W. 14TH COURT
City-St-Zip: PEMBROKE PINES, FL 33028 US

Title: MGR () Delete
Name: MCINTOSH, FAITH A
Address: 1661 S.W. 106TH TERRACE
City-St-Zip: DAVIE, FL 33324 US

Title: MGR () Delete
Name: GRANT, GRACE J
Address: 8747 ANDORA DRIVE
City-St-Zip: MIRAMAR, FL 33025 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: FAITH MCINTOSH

MGR

04/21/2009

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