

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000090421

**FILED**  
**Mar 08, 2012**  
**Secretary of State**

**Entity Name:** BLUEMONT TECHNOLOGY SOLUTIONS LLC

**Current Principal Place of Business:**

1135 KILDAIRE FARM ROAD, SUITE 200  
CARY, NC 27511 US

**New Principal Place of Business:**

**Current Mailing Address:**

716 DELTA DOWNS DRIVE  
CARY, FL 27519

**New Mailing Address:**

2004 WINTERBORNE DRIVE  
CARY, FL 27519

**FEI Number:** 20-5620028

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

SENTHIL, PALANISWAMY K  
761 SW 190 AVE  
PEMBROKE PINES, FL 33029 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  
**Name:** SENTHIL, BHARATHY  
**Address:** 2004 WINTERBORNE DRIVE  
**City-St-Zip:** CARY, NC 27519 US

**Title:** MGRM  
**Name:** SASIKALA, VEERAPANDIAN  
**Address:** 310 MISTY GROVES CIRCLE  
**City-St-Zip:** MORRISVILLE, NC 27560

I hereby 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:** BKS

MGRM

03/08/2012

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