

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-05-2007 90023 002 ****50.00

DOCUMENT # L06000100929			
1. Entity Name G8TECHNOLOGY GROUP, LLC			
Principal Place of Business 9014 GLEN EAGLE WAY TALLAHASSEE, FL 32312		Mailing Address 9014 GLEN EAGLE WAY TALLAHASSEE, FL 32312	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 20-8288785		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
KING, KIMBERLY L 2121-G KILLARNEY WAY TALLAHASSEE, FL 32309		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____			
Filing Fee is \$80.00 Due by May 1, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP MGR. HOVSAPIAN, ROB 9014 GLEN EAGLE WAY TALLAHASSEE, FL 32312	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP MGR VAN HOECKE, ERIC P.O. BOX 84320 SHUWAIKH, KUWAIT 70454,	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP MGR AL-JUHAIL, JUHAIL P.O. BOX 84320 SHUWAIKH, KUWAIT 70454,	☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP MGR Lorrie Hovsapien 9014 Glen Eagle Way Tallahassee, FL 32312	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ Change ☐ Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: <u><i>Rob Hovsapien</i></u>		Date: <u>March 31, 07</u> 850.339.9432	
SIGNATURE AND TYPED OR PRINTED NAME OF EXISTING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date	

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