

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000100929

Entity Name: G8TECHNOLOGY GROUP, LLC

FILED
Mar 27, 2009
Secretary of State

Current Principal Place of Business:

9014 GLEN EAGLE WAY
TALLAHASSEE, FL 32312

New Principal Place of Business:

Current Mailing Address:

9014 GLEN EAGLE WAY
TALLAHASSEE, FL 32312

New Mailing Address:

FEI Number: 20-8288785

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KING, KIMBERLY L
2121-G KILLARNEY WAY
TALLAHASSEE, FL 32309 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: HOVSAPIAN, ROB
Address: 9014 GLEN EAGLE WAY
City-St-Zip: TALLAHASSEE, FL 32312

Title: MGR () Delete
Name: VAN HOECKE, ERIC
Address: P.O. BOX 64320
City-St-Zip: SHUWAIKH, KUWAIT 70454, XX

Title: MGR () Delete
Name: HOVSAPIAN, LORRIE
Address: 9014 GLEN EAGLE WAY
City-St-Zip: TALLAHASSEE, FL 32312

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: HOVSAPIAN, ROB DR.
Address: 9014 GLEN EAGLE WAY
City-St-Zip: TALLAHASSEE, FL 32312

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: ROB HOVSAPIAN

DR.

03/27/2009

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