

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

FILED

Mar 21, 2008 08:00 AM

RECEIVED Secretary of State

DOCUMENT # L06000116978	
1. Entity Name GEOTECH INVASIVE SPECIES GROUP, LLC	

Principal Place of Business 7737 N UNIVERSITY DRIVE 206 TAMARAC FL 33321 US	Mailing Address 7737 N UNIVERSITY DRIVE 206 TAMARAC FL 33321 US
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip		3. Mailing Address Suite, Apt. #, etc. City & State Zip	
Country		Country	

1st MOORE CR2E083 (10/07)

4. FEI Number 20-8013707	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent LAKHLANI, NILESH 7737 N UNIVERSITY DRIVE 206 TAMARAC FL 33321	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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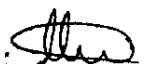
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent's signature required when registering) DATE _____

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008, Fee Will Be \$538.75
Make Check Payable to Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LAKHLANI, NILESH 7737 N UNIVERSITY DRIVE, SUITE 206 TAMARAC FL 33321 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	U000000865553 04/07/08-80033-010 158.75 ☐ 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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 Section 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 808, Florida Statutes.

SIGNATURE:  **NILESH LAKHLANI** **3/7/08** **(954) 597-9100**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Digitally Signed By