

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000003608

FILED  
Jan 09, 2009  
Secretary of State

Entity Name: NORTHERN EQUIPMENT SUPPLY INTERNATIONAL, LLC

**Current Principal Place of Business:**

9380 SW 72ND ST, B185  
MIAMI, FL 33173

**New Principal Place of Business:**

9380 SW 72ND ST  
SUITE B185  
MIAMI, FL 33173

**Current Mailing Address:**

9380 SW 72ND ST, B185  
MIAMI, FL 33173

**New Mailing Address:**

9380 SW 72ND ST  
SUITE B185  
MIAMI, FL 33173

FEI Number: 20-8207605

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

BLODIG, GREGORY J  
100 W. CYPRESS CREEK ROAD, SUITE 700  
FORT LAUDERDALE, FL 33309 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: UTSET, ALFREDO R  
Address: 6966 SE 110TH PL  
City-St-Zip: MIAMI, FL 33173

Title: MGRM ( ) Delete  
Name: LEJED, FLOR M  
Address: 6966 SW 110TH PL.  
City-St-Zip: MIAMI, FL 33173

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: UTSET, ALFREDO R  
Address: 6966 SW 110TH PL  
City-St-Zip: MIAMI, FL 33173

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: FLOR LEJED

MGRM

01/09/2009

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