


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 14, 2008 8:00 am**  
**Secretary of State**

02-14-2008 90074 016 \*\*\*138.75

<b>DOCUMENT # L07000027868</b>					
<b>1. Entity Name</b> BELLOWSTECH, LLC					
<b>Principal Place of Business</b> C/O PRECISION MANUFACTURING GROUP, LLC 501 LITTLE FALLS ROAD CEDAR GROVE, NJ 07009			<b>Mailing Address</b> C/O PRECISION MANUFACTURING GROUP, LLC 501 LITTLE FALLS ROAD CEDAR GROVE, NJ 07009		
<b>2. Principal Place of Business - No P.O. Box #</b> <i>115 Business Center Dr</i>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc. <i>#3</i>		Suite, Apt. #, etc.			
City & State <i>Ormond Beach FL</i>		City & State			
Zip <i>32174</i>		Country <i>USA</i>		01302008    Chg-LLC    CR2E083 (12/06)	
<b>4. FEI Number</b> <i>20-8450052</i>				Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
<b>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.</b>					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>			<b>Make check payable to</b> <b>Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR PENCHUK, ANATOLE 501 LITTLE FALLS ROAD CEDAR GROVE, NJ 07009 <div style="text-align: right;"><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: right;"><input type="checkbox"/> Change    <input type="checkbox"/> Addition</div>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR GIESS, BENJAMIN P 501 LITTLE FALLS ROAD CEDAR GROVE, NJ 07009 <div style="text-align: right;"><input checked="" type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: right;"><input type="checkbox"/> Change    <input type="checkbox"/> Addition</div>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR KIRWIN, JOHN P 501 LITTLE FALLS ROAD CEDAR GROVE, NJ 07009 <div style="text-align: right;"><input checked="" type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: right;"><input type="checkbox"/> Change    <input type="checkbox"/> Addition</div>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: right;"><input type="checkbox"/> Change    <input type="checkbox"/> Addition</div>		
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<b>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.</b>					
<b>SIGNATURE:</b> <i>A. Penchuk</i> ANATOLE PENCHUK    02-11-08    973-785-4630 <div style="display: flex; justify-content: space-between; font-size: small;"> <span>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</span> <span>Date</span> <span>Daytime Phone #</span> </div>					