

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000052727

Entity Name: CDT GROUP, LLC

FILED  
Mar 20, 2009  
Secretary of State

**Current Principal Place of Business:**

14168 SW 29TH STREET  
MIRAMAR, FL 33027

**New Principal Place of Business:**

**Current Mailing Address:**

14168 SW 29TH STREET  
MIRAMAR, FL 33027

**New Mailing Address:**

FEI Number: 26-0194670

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

TROCHE, CARLOS L  
14168 SW 29TH STREET  
MIRAMAR, FL 33027 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: TROCHE, CARLOS L  
Address: 14168 SW 29TH STREET  
City-St-Zip: MIRAMAR, FL 33027

Title: MGR ( ) Delete  
Name: TROCHE, DAWN M  
Address: 14168 SW 29TH STREET  
City-St-Zip: MIRAMAR, FL 33027

Title: MGRM (X) Delete  
Name: THERLONGE, JEFFERSON  
Address: 14168 SW 29TH STREET  
City-St-Zip: MIRAMAR, FL 33027

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: CARLOS TROCHE

MGRM

03/20/2009

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