

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000082503

Entity Name: ALUVANT SYSTEMS, LLC

FILED
Apr 18, 2008
Secretary of State

Current Principal Place of Business:

19511 MORDEN BLUSH DRIVE
LUTZ, FL 33558 US

New Principal Place of Business:

Current Mailing Address:

19511 MORDEN BLUSH DRIVE
LUTZ, FL 33558 US

New Mailing Address:

FEI Number: 26-0705103 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

POLICARPIO, MICHAEL
19511 MORDEN BLUSH DRIVE
LUTZ, FL 33558 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: APPELHANS, DIETER
Address: 3005 47TH STREET, SUITE F4
City-St-Zip: BOULDER, CO 80301 US

Title: MGRM (X) Delete
Name: LAWSON, DAVID
Address: 28736 MIDNIGHT STAR LOOP
City-St-Zip: WESLEY CHAPEL, FL 33543 US

Title: MGRM (X) Delete
Name: POLICARPIO, MICHAEL
Address: 19511 MORDEN BLUSH DRIVE
City-St-Zip: LUTZ, FL 33558 US

Title: MGRM (X) Delete
Name: SCHMITT, EDWARD J
Address: 12911 LAKE VENTANA DRIVE
City-St-Zip: TAMPA, FL 33625 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: POLICARPIO, MICHAEL
Address: 19511 MORDEN BLUSH DRIVE
City-St-Zip: LUTZ, FL 33558 US

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: MICHAEL POLICARPIO MGRM 04/18/2008

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