

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000107487

Entity Name: HT TECHNOLOGY, LLC

FILED
May 01, 2009
Secretary of State

Current Principal Place of Business:

3517 SHOMA DRIVE
WELLINGTON, FL 33414 US

New Principal Place of Business:

2227 SHOMA DRIVE
WELLINGTON, FL 33414 US

Current Mailing Address:

3517 SHOMA DR
WELLINGTON, FL 33414 US

New Mailing Address:

2227 SHOMA DRIVE
WELLINGTON, FL 33414 US

FEI Number: 26-1291243 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

LOPEZ, ANTONIO
2227 SHOMA DR
ROYAL PALM BEACH, FL 33414 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: LOPEZ, ANTONIO
Address: 2227 SHOMA DR
City-St-Zip: WELLINGTON, FL 33414

Title: MGRM () Delete
Name: TRINCAVELLI, HECTOR
Address: 3517 SHOMA DR
City-St-Zip: ROYAL PALM BEACH, FL 33414

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change () Addition
Name: CARRILLO, ALEJANDRA
Address: 2227 SHOMA DR
City-St-Zip: ROYAL PALM BEACH, FL 33414

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: ANTONIO LOPEZ

MR,

05/01/2009

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