## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L08000018089

Entity Name: LUCID TECHNICAL SOLUTIONS, LLC.

127 HWY 22 EAST CONDO 723

MADISONVILLE, LA 70447

Address:

City-St-Zip:

FILED Apr 26, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 633 CLAYTON STREET ORLANDO, FL 32804 **Current Mailing Address: New Mailing Address:** 633 CLAYTON STREET ORLANDO, FL 32804 FEI Number: 11-3831605 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: FELDMAN, MAURICIO FELDMAN, MAURICIO 3155 SW 128TH WAY 633 CLAYTON STREET MIRAMAR, FL 33027 US ORLANDO, FL 32804 US 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: 04/26/2009 Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: Title: () Change () Addition () Delete AYLWARD, MARK Name: Name: Address: 633 CLAYTON STREET Address: City-St-Zip: ORLANDO, FL 32804 City-St-Zip: Title: MGR ( ) Delete Title: () Change () Addition Name: AYLWARD, JAMES Name: Address: 32 BLUEBERGS RIDGE Address: City-St-Zip: WESTFIELD, MA 01085 City-St-Zip: Title: MGR () Delete Title: MGR (X) Change ( ) Addition FELDMAN, MAURICIO Name: FELDMAN, MAURICIO Name: 3625 N. COUNTRY CLUB DR. APT. 1005 3155 SW 128TH WAY Address: Address: City-St-Zip: MIRAMAR, FL 33027 City-St-Zip: AVENTURA, FL 33180 Title: MGR ( ) Delete Title: () Change () Addition Name: JACKSON, JEFF Name:

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.

Address:

City-St-Zip:

SIGNATURE: MAURICIO FELDMAN MGR 04/26/2009