

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000044520

Entity Name: LUMITEC, LLC

FILED
Apr 13, 2009
Secretary of State

Current Principal Place of Business:

1011 BAY STREET
DELRAY BEACH, FL 33483

New Principal Place of Business:

1450 SW 10TH STREET
SUITE 2
DELRAY BEACH, FL 33444

Current Mailing Address:

1011 BAY STREET
DELRAY BEACH, FL 33483

New Mailing Address:

1450 SW 10TH STREET
SUITE 2
DELRAY BEACH, FL 33444

FEI Number: 26-1142736

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

KUJAWA, JOHN A
1011 BAY STREET
DELRAY BEACH, FL 33483 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: JOHN KUJAWA

04/13/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BOWLINE PRODUCTS, INC.
Address: 1011 BAY STREET
City-St-Zip: DELRAY BEACH, FL 33483

Title: MGRM () Delete
Name: SHIELDS EQUIPMENT CORP.
Address: 75 JACKSONVILLE ROAD
City-St-Zip: WARMINSTER, PA 18974

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change () Addition
Name: HAVIS SHIELDS EQUIPMENT CORP.
Address: 75 JACKSONVILLE ROAD
City-St-Zip: WARMINSTER, PA 18974

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: JOHN KUJAWA

P

04/13/2009

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