FILED
Apr 22, 2002 8:00 am
Secretary of State
04-22-2002 90240 028 ****50.00

LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000005424

1. Entity Name
CEMTECH SYSTEMS, LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1825 PONCE DE LEON BLVD	1825 PONCE DE LEON BLVD
Suite, Apt. #, etc. #132	Suite, Apt. #, etc. #132
City & State CORAL GABLES, FL	City & State CORAL GABLES, FL
Zip 33134 Country USA	Zip 33134 Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0944464 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name LLANA, EUGENIO
Street Address (P.O. Box Number is Not Acceptable)
1825 PONCE DE LEON BLVD #132
City CORAL GABLES FL Zip Code 33134

8. 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 ______________________ DATE
Signature, typed or printed name of registered agent and title if applicable.

FEE IS $50.00
Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS

TITLE	MGRM	TITLE	
NAME	LLANA, EUGENIO	NAME	
STREET ADDRESS	1825 PONCE DE LEON BLVD #132	STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES, FL 33134	CITY-ST-ZIP	
TITLE	MGRM	TITLE	
NAME	BAHAMON, ADRIANA M	NAME	
STREET ADDRESS	1825 PONCE DE LEON BLVD #132	STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES, FL 33134	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E083B (12/01)

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: x Adriana Bahamón 4/3/02 305-577-8589
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #