


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Aug 06, 2007 8:00 am**  
**Secretary of State**

08-06-2007 90055 015 \*\*\*\*50.00

<b>DOCUMENT # M01000002459</b>					
<b>1. Entity Name</b> NOVA TECH, LLC					
<b>Principal Place of Business</b> 224 NORTH FEHR WAY BAY SHORE, NY 11706			<b>Mailing Address</b> 224 NORTH FEHR WAY BAY SHORE, NY 11706		
<b>2. Principal Place of Business - No P.O. Box #</b> 184 GOOSE LANE Suite, Apt. #, etc.		<b>3. Mailing Address</b> 184 GOOSE LANE Suite, Apt. #, etc.			
<b>City &amp; State</b> TOLLAND CT		<b>City &amp; State</b> TOLLAND CT		<b>4. FEI Number</b> 11-3525220	
<b>Zip</b> 06084		<b>Country</b> USA		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> \$5.00 Additional Fee Required	
<b>6. Name and Address of Current Registered Agent</b>  CONTROL TECHNOLOGIES OF CENTRAL FLORIDA 2776 S. FINANCIAL CT. SANFORD, FL 32773			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span>FL</span> <span>Zip Code</span> </div>		
<b>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. I am familiar with, and accept the obligations of registered agent.</b>					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by September 14, 2007		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	MGR MARSANICO, RICHARD 26 CARNEGIE DR. SMITHTOWN, NY 11787 <div style="text-align: right;"><input checked="" type="checkbox"/> Delete</div>		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	MGR HUNT, EUGENE P 184 GOOSE LANE TOLLAND CT 06084 <div style="text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</div>	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>	
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<b>11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.</b>					
<b>SIGNATURE:</b> <i>Eugene P. Hunt</i>			EUGENE P. HUNT 8-1-07 860-871-4180		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Date Daytime Phone #</small>		

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