

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 16, 2007 08:00 AM
Secretary of State

DOCUMENT # M05000000774

1. Entity Name
NTEC SYSTEMS, LLC



Principal Place of Business
4343 SHALLOWFORD ROAD, SUITE G-3
MARIETTA, GA 30062

Mailing Address
4343 SHALLOWFORD ROAD, SUITE G-3
MARIETTA, GA 30062



02202007No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
52-2284791

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

GRESK, MAUREEN
7966 MONTICELLO LANE
SARASOTA, FL 34243

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
BUCKLEY, KEVIN
4343 SHALLOWFORD ROAD, SUITE G-3
MARIETTA, GA 30062

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
PORTARO, THOMAS
4343 SHALLOWFORD ROAD, SUITE G-3
MARIETTA, GA 30062

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000712273
04/26/07-80038-010 55.00

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IN THIS SPACE**

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.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING (MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE)

THOMAS M. PORTARO

4/10/07

Date

770-587-4300

Daytime Phone #