


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 03, 2007 08:00 A
Secretary of State

DOCUMENT # M05000001638	
1. Entity Name BARTECH IT SOLUTIONS, LLC	

Principal Place of Business 17199 N. LAUREL PARK DRIVE, SUITE 224 LIVONIA, MI 48152	Mailing Address 17199 N. LAUREL PARK DRIVE, SUITE 224 LIVONIA, MI 48152
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DO NOT WRITE IN THIS SPACE



04252007No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-2270351	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525
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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	MGRM THE BARTECH GROUP, INC. 17199 N. LAUREL PARK DRIVE, SUITE 224 LIVONIA, MI 48152
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05/24/07-80061-021 50.00

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

4/27/07

Date

734 953 5050

Daytime Phone #