2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M05000001638

1. Entity Name
BARTECH IT SOLUTIONS, LLC

Principal Place of Business	Mailing Address
17199 N. LAUREL PARK DRIVE, SUITE 224 LIVONIA, MI 48152	17199 N. LAUREL PARK DRIVE, SUITE 224 LIVONIA, MI 48152

DO NOT WRITE IN THIS SPACE

04222008 No Chg-LLC   CR2E083 (12/07)

4. FEI Number	Applied For
20-2270351	Not Applicable

5. Certificate of Status Desired ☐   **$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
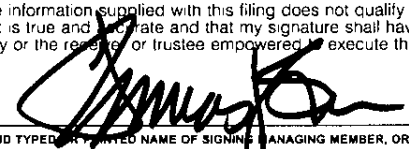
FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	THE BARTECH GROUP, INC.
STREET ADDRESS	17199 N. LAUREL PARK DRIVE, SUITE 224
CITY-ST-ZIP	LIVONIA, MI 48152
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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U00000942561
05/29/08-80026-002 138.75

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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: _____   4/22/08   734 953 5050

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #