

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M09000000754

**FILED**  
**Apr 29, 2010**  
**Secretary of State**

**Entity Name:** COGENT SOLUTIONS GROUP, LLC

**Current Principal Place of Business:**

2339 SANDERSVILLE RD  
LEXINGTON, KY 40511

**New Principal Place of Business:**

**Current Mailing Address:**

2339 SANDERSVILLE RD  
LEXINGTON, KY 40511

**New Mailing Address:**

PO BOX 11686  
LEXINGTON, KY 40577

**FEI Number:** 20-2769092

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND RD  
PLANTATION, FL 33324 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: FLAT ROX INCORPORATED  
Address: PO BOX 12348  
City-St-Zip: LEXINGTON, KY 40582

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: JAMES D. SMITH

AGNT

04/29/2010

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date