

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000136392

**Entity Name:** ACT TECH, LLC.

**Current Principal Place of Business:**

5805 BLUE LAGOON DR.  
SUITE 220  
MIAMI, FL 33126

**Current Mailing Address:**

5805 BLUE LAGOON DR.  
SUITE 220  
MIAMI, FL 33126

**FEI Number:** 46-1309362

**Certificate of Status Desired:** No

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

GAMARRA, ORLANDO HJR.  
5805 BLUE LAGOON DR.  
SUITE 220  
MIAMI, FL 33126 US

*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

**Authorized Person(s) Detail :**

Title MGRM  
Name GAMARRA, ORLANDO JR.  
Address 5805 BLUE LAGOON DR. SUITE 220  
City-State-Zip: MIAMI FL 33126

Title MGRM  
Name JACOMINO, ALFREDO  
Address 5805 BLUE LAGOON DR. SUITE 220  
City-State-Zip: MIAMI FL 33126

Title MGRM  
Name TANDOC, RICHELLE  
Address 5805 BLUE LAGOON DR. SUITE 220  
City-State-Zip: MIAMI FL 33126

Title MGRM  
Name JACOMINO, ANTONIO  
Address 5805 BLUE LAGOON DR. SUITE 220  
City-State-Zip: MIAMI FL 33126

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** ORLANDO GAMARRA

**PARTNER**

**01/09/2014**

Electronic Signature of Signing Authorized Person(s) Detail

Date