


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 10, 2008 08:00 A
Secretary of State

DOCUMENT # L06000028555 1. Entity Name BLAKE TECHNICAL SERVICES, LLC	
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Principal Place of Business 12341 HARBOR WINDS DRIVE N. JACKSONVILLE, FL 32225	Mailing Address 12341 HARBOR WINDS DRIVE N. JACKSONVILLE, FL 32225
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DO NOT WRITE IN THIS SPACE



02142008 No Chg-LLC	CR2E083 (12/07)
4. FEI Number 20-4521747	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

FOSTER, HOLLYN J
334 E. DUVAL STREET
JACKSONVILLE, FL 32202

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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 _____ (NOTE: Registered Agent signature required when reconstating) DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BLAKE, CHARLES 12341 HARBOR WINDS DRIVE N. JACKSONVILLE, FL 32225
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03/26/08-80022-024 138.75

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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: Charles A Blake Date: 3-03-2008 (904) 631-5327

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