

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M07000001647

**FILED**  
**Jul 17, 2008**  
**Secretary of State**

**Entity Name:** COMPACT POWER SERVICES LLC

**Current Principal Place of Business:**

225 NORTH PARK DRIVE  
ROCK HILL, SC 29730

**New Principal Place of Business:**

225 NORTH PARK DRIVE  
ROCK HILL, SC 29730

**Current Mailing Address:**

225 NORTH PARK DRIVE  
ROCK HILL, SC 29730

**New Mailing Address:**

225 NORTH PARK DRIVE  
ROCK HILL, SC 29730

**FEI Number:** 20-5912331      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 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

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: BRASWELL, ROGER S  
Address: 225 NORTH PARK DRIVE  
City-St-Zip: ROCK HILL, SC 29730

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: BRASWELL, ROGER S  
Address: 225 NORTH PARK DRIVE  
City-St-Zip: ROCK HILL, SC 29730

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: MARY OKEY

MANA

07/17/2008

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