

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000136490

Entity Name: ADVANCED MECHANICAL AND ELECTRICAL SOLUTIONS, LLC**Current Principal Place of Business:**436 HERRON VILLA PLACE
PENSACOLA, FL 32506**Current Mailing Address:**436 HERRON VILLA PLACE
PENSACOLA, FL 32506**FEI Number: 82-2064006****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**MORGAN, NIKKI L
436 HERRON VILLA PLACE
PENSACOLA, FL 32506 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 CFO
Name GOTT, NEAL
Address 436 HERRON VILLA PLACE
City-State-Zip: PENSACOLA FL 32506

Title CHIEF PERSONNEL OFFICER
Name PRESLEY, MICHAEL
Address 436 HERRON VILLA PLACE
City-State-Zip: PENSACOLA FL 32506

Title CEO
Name MORGAN, NIKKI L
Address 436 HERRON VILLA PLACE
City-State-Zip: PENSACOLA FL 32506

Title COO
Name MORGAN, JEFFREY A
Address 436 HERRON VILLA PLACE
City-State-Zip: PENSACOLA FL 32506

Title DIRECTOR OF BUSINESS DEVELOPMENT
Name CASE, MARK
Address 436 HERRON VILLA PLACE
City-State-Zip: PENSACOLA FL 32506

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: NIKKI L. MORGAN**CHIEF EXECUTIVE
OFFICER****04/30/2018**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date