

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000009262

FILED
Apr 28, 2008
Secretary of State

Entity Name: RTASS TECHNICAL SERVICES, LLC

Current Principal Place of Business:

1335 GATEWAY DRIVE, SUITE 2008
MELBOURNE, FL 32901

New Principal Place of Business:

Current Mailing Address:

1335 GATEWAY DRIVE, SUITE 2008
MELBOURNE, FL 32901

New Mailing Address:

FEI Number: 59-3662368

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ANDERSON, J. PATRICK
930 S. HARBOR CITY BOULEVARD, SUITE 505
MELBOURNE, FL 32901 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 () Delete
Name: BRADLEY, GARY E
Address: 1335 GATEWAY DRIVE, SUITE 2008
City-St-Zip: MELBOURNE, FL 32901

Title: MGR () Delete
Name: MALLOW, DALE R
Address: 1335 GATEWAY DRIVE, SUITE 2008
City-St-Zip: MELBOURNE, FL 32901

Title: MGR () Delete
Name: HUGHEN, JOHN M
Address: 1335 GATEWAY DRIVE, SUITE 2008
City-St-Zip: MELBOURNE, FL 32901

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: TRACY DANEAU

MGR

04/28/2008

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