

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L00000010483

**FILED**  
**Feb 16, 2011**  
**Secretary of State**

**Entity Name:** APPLIED LIGHTING CONCEPTS, LLC

**Current Principal Place of Business:**

1825 UNIVERSITY BLVD WEST  
JACKSONVILLE, FL 32217

**New Principal Place of Business:**

**Current Mailing Address:**

1825 UNIVERSITY BLVD WEST  
JACKSONVILLE, FL 32217

**New Mailing Address:**

**FEI Number:** 59-3667606

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FARHAT, DIANA S  
1721 BLANDING BLVD., STE 102  
JACKSONVILLE, FL 32210 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:** MGRM  
**Name:** SWIFT, TOM VP  
**Address:** 1825 UNIVERSITY BLVD WEST  
**City-St-Zip:** JACKSONVILLE, FL 32217

**Title:** MGRM  
**Name:** MEADOR, MARK PRES  
**Address:** 1825 UNIVERSITY BLVD WEST  
**City-St-Zip:** JACKSONVILLE, FL 32217

**Title:** MGRM  
**Name:** CLEMENTS, DANIEL VP  
**Address:** 1825 UNIVERSITY BLVD WEST  
**City-St-Zip:** JACKSONVILLE, FL 32217

**Title:** MGRM  
**Name:** MOORE, HERMANN VP  
**Address:** 1825 UNIVERSITY BLVD WEST  
**City-St-Zip:** JACKSONVILLE, FL 32217

I hereby 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:** MARK I MEADOR

PRES

02/16/2011

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