

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90080 010 ****50.00

DOCUMENT # L02000000806

1. Entity Name
ADVANCED COMPOSITE SOLUTIONS, LLC



40071001

Principal Place of Business
*1501 AIRWAY CIR
NEW SMYRNA BEACH, FL 32168

Mailing Address
1501 AIRWAY CIR
NEW SMYRNA BEACH, FL 32168



01262005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0792401

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

RAHM, JEFFREY A
1501 AIRWAY CIR
NEW SMYRNA BEACH, FL 32168

**DO NOT WRITE
IN THIS SPACE**

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

Aaron Duncan

Aaron Duncan, President

04-28-05

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE	P	Remove
NAME	RAHM, JEFF	
STREET ADDRESS	1791 ARASH CR	
CITY - ST - ZIP	PORT ORANGE, FL 32128	
TITLE	P	
NAME	Aaron Duncan	
STREET ADDRESS	543 McIntosh Rd.	
CITY - ST - ZIP	Ormond Beach, FL 32174	
TITLE		
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Linda J. Delgado

Linda J. Delgado

04-28-05

386-426-7795

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #