

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000000806

FILED
May 01, 2008
Secretary of State

Entity Name: ADVANCED COMPOSITE SOLUTIONS, LLC

Current Principal Place of Business:

404 UNITED DRIVE
NEW SMYRNA BEACH, FL 32168

New Principal Place of Business:

Current Mailing Address:

404 UNITED DRIVE
NEW SMYRNA BEACH, FL 32168

New Mailing Address:

FEI Number: 20-0792401 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:

DUNCAN, AARON
593 MCINTOSH ROAD
ORMOND BEACH, FL 32174 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: P () Delete
Name: DUNCAN, AARON
Address: 593 MCINTOSH RD
City-St-Zip: ORMOND BEACH, FL 32174

Title: CEO (X) Delete
Name: CARLSON, ROEBRT DEAN
Address: 3 SUNSHINE BLVD
City-St-Zip: ORMOND BEACH, FL 32174

Title: VPCE (X) Delete
Name: RAHM, JEFFREY A
Address: 1791 ARASH CIR
City-St-Zip: PORT ORANGE, FL 32128

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: AARON DUNCAN

P

05/01/2008

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