

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2003 8:00 am
Secretary of State

05-27-2003 90056 035 *****50.00

DOCUMENT # L02000026128

1. Entity Name

MOTION CONTROL SERVICES, LLC



Principal Place of Business

**3050 SAVANNAHS TRAIL
MERRITT ISLAND FL 32953**

Mailing Address

**3050 SAVANNAHS TRAIL
MERRITT ISLAND FL 32953**

2. Principal Place of Business

1417 CHAPPEE DR.

3. Mailing Address

1417 CHAPPEE DR.

Suite, Apt. #, etc.

STE 9

Suite, Apt. #, etc.

STE 9

City & State

TITUSVILLE, FL.

City & State

TITUSVILLE, FL.

Zip

32780

Country

USA

Zip

32780

Country

USA

4. FEI Number

36-4508406

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**PAYNE, B. RICHARD
3050 SAVANNAHS TRAIL
MERRITT ISLAND FL 32953**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE **MR** ☐ Delete
NAME **B. RICHARD PAYNE**
STREET ADDRESS **3050 SAVANNAHS TRAIL**
CITY-ST-ZIP **MERRITT ISLAND FL 32953**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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:

SIGNATURE REQUIRED

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

5-19-03 321-508-3395

Date

Daytime Phone #

CR2E083 (10/02)

0052422