

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000033723

FILED  
Mar 25, 2009  
Secretary of State

Entity Name: AUTOMATION CONTROL SERVICE LLC

**Current Principal Place of Business:**

124 INDUSTRIAL BLVD  
PENSACOLA, FL 32505

**New Principal Place of Business:**

**Current Mailing Address:**

124 INDUSTRIAL BLVD  
PENSACOLA, FL 32505

**New Mailing Address:**

FEI Number: 14-1864127

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

HUTCHERSON, JOHN L  
5529 BAY EDGE LANE  
MILTON, FL 32583 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 ( ) Delete  
Name: HUTCHERSON, JOHN L  
Address: 5529 BAY EDGE LANE  
City-St-Zip: MILTON, FL 32583

Title: MGRM ( ) Delete  
Name: HARTLEY, ROBERT J  
Address: 537 TIMBER RIDGE DR  
City-St-Zip: PENSACOLA, FL 32534

Title: MGRM ( ) Delete  
Name: FAUL, KENNETH E  
Address: 352 FT. PICKENS RD  
City-St-Zip: PENSACOLA BEACH, FL 32561

Title: MGRM ( ) Delete  
Name: CROTTS, ADAM C  
Address: 1245 LEAR COURT  
City-St-Zip: CANTONEMENT, FL 32533

**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:

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: JOHN L. HUTCHERSON

MGRM

03/25/2009

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