

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L04000011370

1. Entity Name
ADVANCED PRODUCTS RESEARCH, LLC



Principal Place of Business

10051 HUNTSMAN PATH
PENSACOLA, FL 32514 US

Mailing Address

10051 HUNTSMAN PATH
PENSACOLA, FL 32514 US

FILED

Jul 09, 2008 08:00 AM
Secretary of State



07052008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
42-1418844

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

SIEVERS, MARY C
10051 HUNTSMAN PATH
PENSACOLA, FL 32514

**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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$138.75
Due by September 12, 2008

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

000000953715
07/09/08-80003-004 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR SIEVERS, MARY C 10051 HUNTSMAN PATH PENSACOLA, FL 32514
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR SIEVERS, FRED J 10051 HUNTSMAN PATH PENSACOLA, FL 32514
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Mary C. Sievers

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

Mary C. Sievers 07/05/08 850-475-7852

Date

Daytime Phone #