


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

05-02-2005 90106 011 ***158.75

DOCUMENT # L04000039236	
1. Entity Name ALLIED TESTING FACILITIES, LLC	

Principal Place of Business 5320 LEE BLVD. LEHIGH ACRES, FL 33971	Mailing Address P.O. BOX 511249 PUNTA GORDA, FL 33951 12
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20052440

2. Principal Place of Business 5850 Corporation Circle	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State FT. MYERS FL	City & State
Zip 33905	Country Lee



05022005 Chg-LLC CR2E083 (10/03)

4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent	
MCQUEEN, PAULA F 1625 W. MARION AVENUE SUITE 6 PUNTA GORDA, FL 33950	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	Zip Code

FL

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MCQUEEN, PAULA F 1625 W. MARION AVENUE, SUITE 6 PUNTA GORDA, FL 33950 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

Date

Daytime Phone #

Paula F McQueen

5/1/05

239-872-0000