

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000039236

**Entity Name:** ALLIED TESTING FACILITIES, LLC

**FILED**  
**Apr 18, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

5850 CORPORATION CIRCLE  
FORT MYERS, FL 33905

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 511249  
PUNTA GORDA, FL 33951

**New Mailing Address:**

FEI Number: 20-1155663      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

MCQUEEN, PAULA F  
1107 W. MARION AVENUE  
SUITE 1107  
PUNTA GORDA, FL 33950 US

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

MCQUEEN, PAULA F  
1107 W. MARION AVENUE  
SUITE 115  
PUNTA GORDA, FL 33950 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:

04/18/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: MCQUEEN, PAULA F  
Address: 1107 W. MARION AVENUE, SUITE 115  
City-St-Zip: PUNTA GORDA, FL 33950

I hereby 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: PAULA F. MCQUEEN

MGR

04/18/2010

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