

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000077011

FILED  
Apr 25, 2007  
Secretary of State

**Entity Name:** ADVANCED CONTRACTING SPECIALTIES,LLC

**Current Principal Place of Business:**

350 DOUGLAS ROAD EAST  
OLDSMAR, FL 34677 US

**New Principal Place of Business:**

**Current Mailing Address:**

350 DOUGLAS ROAD EAST  
OLDSMAR, FL 34677 US

**New Mailing Address:**

**FEI Number:** 20-1899744

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

RAINS, JOHN H III  
501 EAST KENNEDY BOULEVARD, SUITE 750  
TAMPA, FL 33602 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: JOHN, WARREN  
Address: 1030 N. STATE STREET, UNIT 50-E  
City-St-Zip: CHICAGO, IL 60610

Title: MGRM ( ) Delete  
Name: WHITNEY, ROBERT  
Address: 2052 59TH WAY NORTH  
City-St-Zip: CLEARWATER, FL 33760 US

Title: MGRM ( ) Delete  
Name: STEVENSON, RICHARD  
Address: 9530 BONNER LAKE DRIVE  
City-St-Zip: NEW PORT RICHEY, FL 34654 US

**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:

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:** SANDRA ALBEE, AUTHORIZED REPRESENTATIVE AR

04/25/2007

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