

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000077011

FILED
Mar 09, 2009
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 (X)

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: MGRM (X) Change () Addition
Name: STEVENSON, RICHARD
Address: 350 DOUGLAS ROAD EAST
City-St-Zip: OLDSMAR, FL 34677 US

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: RICHARD STEVENSON

MGRM

03/09/2009

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