

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000007616

FILED  
May 01, 2009  
Secretary of State

**Entity Name:** OPERATIONAL DEVELOPMENT SPECIALIST (ODS) L.L.C.

**Current Principal Place of Business:**

1924 SW AARON LANE  
PORT ST. LUCIE, FL 34953

**New Principal Place of Business:**

**Current Mailing Address:**

1924 SW AARON LANE  
PORT ST. LUCIE, FL 34953

**New Mailing Address:**

FEI Number: 34-2031433      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

FANNIN-CHURCH, ALBERT A  
1924 SW AARON LANE  
PORT ST. LUCIE, FL 34953      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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: FANNIN-CHURCH, ALBERT  
Address: 1924 SW AARON LANE  
City-St-Zip: PORT ST. LUCIE, FL 34953

Title: MGRM ( ) Delete  
Name: PALMER, GARRY  
Address: 1192 ELM GROOVE CT.  
City-St-Zip: PALM CITY, FL 34990

**ADDITIONS/CHANGES:**

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: ALBERT FANNIN-CHURCH

MGRM

05/01/2009

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