2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 14, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000058549

1. Entity Name
DOE & INGALLS OF FLORIDA OPERATING LLC

Principal Place of Business	Mailing Address
9940 CURRIE DAVIS DRIVE, SUITE C-16 TAMPA, FL 33619	9940 CURRIE DAVIS DRIVE, SUITE C-16 TAMPA, FL 33619

07072008 No Chg-LLC CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3200300
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

FISHER, TOUSEY, LEAS & BALL, P.A.
818 NORTH A1A, SUITE 104
PONTE VEDRA BEACH, FL 32082

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8. I hereby certify that 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 the registered agent.

SIGNATURE: _____ (Signature of new registered agent, if changed, required) (Name of Registered Agent typed or printed) DATE

FILE NOW!!! FEE IS $138.75
Due by September 12, 2008

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice

9. MANAGING MEMBERS/MANAGERS

	MGR
NAME	ELMO, JOHN J
ADDRESS	1301 PERSON STREET
CITY-ST-ZIP	DURHAM, NC 27703
	MGR
NAME	MERRICK, THOMAS P
ADDRESS	1301 PERSON STREET
CITY-ST-ZIP	DURHAM, NC 27703
	MGR
NAME	FELL, JAMES R
ADDRESS	9940 CURRIE DAVIS DRIVE
CITY-ST-ZIP	TAMPA, FL 33619
NAME	
ADDRESS	
CITY-ST-ZIP	
NAME	
ADDRESS	
CITY-ST-ZIP	
NAME	
ADDRESS	
CITY-ST-ZIP	

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07/14/08-80015-004 138.75

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____ Tom Thaggard 7/7/08 (917) 282-1982
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #