

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000089981

Entity Name: ACUITY SYSTEMS, LLC

FILED
Feb 19, 2009
Secretary of State

Current Principal Place of Business:

907 MARCASTLE AVE
ORLANDO, FL 32812

New Principal Place of Business:

907 MARCASTLE AVE
ORLANDO, FL 32812

Current Mailing Address:

907 MARCASTLE AVENUE
ORLANDO, FL 32812

New Mailing Address:

907 MARCASTLE AVENUE
ORLANDO, FL 32812

FEI Number: 20-3504745

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CONNER, KELLY S
907 MARCASTLE AVE
ORLANDO, FL 32812 US

Name and Address of New Registered Agent:

CONNER, KELLY S
907 MARCASTLE AVE
ORLANDO, FL 32812 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: KELLY S. CONNER

02/19/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: CONNER, KELLY S
Address: 907 MARCASTLE AVENUE
City-St-Zip: ORLANDO, FL 32812

Title: ST () Delete
Name: CONNER, KELLY S
Address: 907 MARCASTLE AVENUE
City-St-Zip: ORLANDO, FL 32812

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: CONNER, KELLY S
Address: 907 MARCASTLE AVENUE
City-St-Zip: ORLANDO, FL 32812

Title: ST (X) Change () Addition
Name: CONNER, KELLY S
Address: 907 MARCASTLE AVENUE
City-St-Zip: ORLANDO, FL 32812

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: KELLY S. CONNER

PRES

02/19/2009

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