2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 15, 2009
Secretary of State

DOCUMENT# L05000092891

Entity Name: HYBRID TECHNICAL SOLUTIONS, LLC

Current Principal Place of Business:

3593 CAGNEY DRIVE
TALLAHASSEE, FL 32309 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 647
TALLAHASSEE, FL 32302 US

New Mailing Address:

FEI Number: 20-3517122 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NEWCOMBE, CHRISTOPHER A
3593 CAGNEY DRIVE
TALLAHASSEE, FL 32309 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: MGR ( ) Delete
Name: NEWCOMBE, CHRISTOPHER A
Address: 3593 CAGNEY DRIVE
City-St-Zip: TALLAHASSEE, FL 32309 US

Title: MGR ( ) Delete
Name: NILSON, JONATHAN C
Address: 6593 MAN O WAR TRAIL
City-St-Zip: TALLAHASSEE, FL 32309 US

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: CHRISTOPHER A NEWCOMBE MGR 01/15/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date