

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000093118

Entity Name: TACTICAL SOLUTIONS, LLC

FILED  
Aug 31, 2007  
Secretary of State

**Current Principal Place of Business:**

8501 ASTRONAUT BLVD. #5-303  
CAPE CANAVERAL, FL 32920 US

**New Principal Place of Business:**

300 KING NEPTUNE LANE  
CAPE CANAVERAL, FL 32920 US

**Current Mailing Address:**

8501 ASTRONAUT BLVD. #5-303  
CAPE CANAVERAL, FL 32920 US

**New Mailing Address:**

1769 ALAMBRA CIRCLE  
APOPKA, FL 32703 US

FEI Number: 51-0553944      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
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:**

LANCASTER, BRIAN R  
300 KING NEPTUNE LANE  
CAPE CANAVERAL, FL 32920 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: P ( ) Delete  
Name: LANCASTER, BRIAN R  
Address: 8501 ASTRONAUT BLVD. SUITE 5-303  
City-St-Zip: CAPE CANAVERAL, FL 32920 US

**ADDITIONS/CHANGES:**

Title: P (X) Change ( ) Addition  
Name: LANCASTER, BRIAN R  
Address: 300 KING NEPTUNE LANE  
City-St-Zip: CAPE CANAVERAL, FL 32920 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: BRIAN R. LANCASTER

P

08/31/2007

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