

# **2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000094275

**FILED**  
**Apr 29, 2008**  
**Secretary of State**

**Entity Name:** AMERICAN STANDARDS INSTITUTE FOR AUTOMATED TRANSPORT SYSTEMS, LLC

**Current Principal Place of Business:**

3600 NW 43RD STREET, SUITE C-1  
GAINESVILLE, FL 32606

**New Principal Place of Business:**

**Current Mailing Address:**

3600 NW 43RD STREET, SUITE C-1  
GAINESVILLE, FL 32606

**New Mailing Address:**

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

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

KISSEL, WALDEMAR F JR  
3600 NW 43RD STREET C-1  
GAINESVILLE, FL 32606      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:                      KISSEL, WALDEMAR F  
Address:                      3600 SW 43RD STREET, SUITE C-A  
City-St-Zip:                      GAINESVILLE, FL 32606

**ADDITIONS/CHANGES:**

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: WALDEMAR F KISSEL JR

MGR

04/29/2008

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