

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000008439

FILED
May 05, 2009
Secretary of State

Entity Name: ORION PROJECT SERVICES, LLC

Current Principal Place of Business:

4629 SECOND AVE
ST. AUGUSTINE, FL 32095

New Principal Place of Business:

Current Mailing Address:

4629 SECOND AVE
ST. AUGUSTINE, FL 32095

New Mailing Address:

FEI Number: 20-4188785 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
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:

Name and Address of New Registered Agent:

BOWEN, GEORGE L
4629 SECOND AVE
ST. AUGUSTINE, FL 32095 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: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: BOWEN, ELIZABETH L
Address: 4629 2ND AVE
City-St-Zip: ST. AUGUSTINE, FL 32095

Title: MGRM () Delete
Name: LAWRENCE, JEFFREY A
Address: 417 GENTIAN
City-St-Zip: ST. AUGUSTINE, FL 32084

Title: MGRM () Delete
Name: BOWEN, GEORGE L
Address: 4629 2ND AVE
City-St-Zip: ST. AUGUSTINE, FL 32095

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: GEORGE L BOWEN

MGRM

05/05/2009

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