


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 10, 2008 08:00 A
Secretary of State

DOCUMENT # L06000028555 1. Entity Name BLAKE TECHNICAL SERVICES, LLC	
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Principal Place of Business 12341 HARBOR WINDS DRIVE N. JACKSONVILLE, FL 32225	Mailing Address 12341 HARBOR WINDS DRIVE N. JACKSONVILLE, FL 32225
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DO NOT WRITE IN THIS SPACE



02142008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-4521747	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent FOSTER, HOLLYN J 334 E. DUVAL STREET JACKSONVILLE, FL 32202

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reconstituting) DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BLAKE, CHARLES 12341 HARBOR WINDS DRIVE N. JACKSONVILLE, FL 32225
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03/26/08-80022-024 138.75

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: <u>Charles A Blake</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE	<u>3-03-2008 (904) 631-5327</u> Date Daytime Phone #
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