2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000050382

1. Entity Name
ACU-TECHNOLOGY SERVICES, LLC



FILED
Apr 30, 2008 08:00 AM
Secretary of State

Principal Place of Business

3327 APPLESHAW COURT JACKSONVILLE, FL 32225

Maiting Address

3327 APPLESHAW COURT JACKSONVILLE, FL 32225



DO NOT WRITE IN THIS SPACE

04082008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 20-4855638

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

KINCHELOE, MARK A 3327 APPLESHAW COURT JACKSONVILLE, FL 32225 DO NOT WRITE IN THIS SPACE

The above named entity submits this statement for the purpose of changing	ng its registered office or registered agent, or both, in the State of FI	orida. I am familiar with, and accept
the obligations of registered agent.	,	

SIGNATURE

Signature, typed or printed name of registered agent and tate if applicable

(NOTE: Registered Agent signsture required when rematation

DATE

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 U00000936514 05/27/08-80013-015 138.75

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGR
NAME	KINCHELOE, MARK A
STREET ADDRESS	3327 APPLESHAW COURT
CITY-ST-ZIP	JACKSONVILLE, FL 32225
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4/27/2008

904-542-8186

Daytme Phone #