

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000055705

Entity Name: MECHANICAL SOLUTIONS LLC

FILED
Aug 22, 2007
Secretary of State

Current Principal Place of Business:

5056 LEICESTER PLACE
JACKSONVILLE, FL 32217

New Principal Place of Business:

Current Mailing Address:

5056 LEICESTER PLACE
JACKSONVILLE, FL 32217

New Mailing Address:

FEI Number: 20-4965815 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:

FULGHUM, MATTHEW W
5056 LEICESTER PLACE
JACKSONVILLE, FL 32217 US

Name and Address of New Registered Agent:

FULGHUM, MATTHEW F
5056 LEICESTER PLACE
JACKSONVILLE, FL 32217 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: MATTHEW F. FULGHUM

08/22/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: FULGHUM, MATTHEW F
Address: 5056 LEICESTER PLACE
City-St-Zip: JACKSONVILLE, FL 32217

Title: MGRM () Delete
Name: FULGHUM, COLLEEN Y
Address: 5056 LEICESTER PLACE
City-St-Zip: JACKSONVILLE, FL 32217

ADDITIONS/CHANGES:

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: MATTHEW F. FULGHUM

MGR

08/22/2007

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