

# **2009 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000054536

**FILED**  
**Mar 20, 2009**  
**Secretary of State**

**Entity Name:** AUSTIN ROBERT PRESSURE SYSTEMS LLC

**Current Principal Place of Business:**

6143 SE ORANGE BLOSSOM TRAIL  
HOBE SOUND, FL 33455 US

**New Principal Place of Business:**

**Current Mailing Address:**

6143 SE ORANGE BLOSSOM TRAIL  
HOBE SOUND, FL 33455 US

**New Mailing Address:**

**FEI Number:** 30-0421283

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BITTLE, ROBERT  
7175 NW 82 COURT  
OKEECHOBEE, FL 34972 US

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

BITTLE, ROBERT  
6143 SE ORANGE BLOSSOM TRAIL  
HOBE SOUND, FL 33455 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:**

03/20/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR ( ) Delete  
**Name:** BITTLE, ROBERT  
**Address:** 6143 SE ORANGE BLOSSOM TR.  
**City-St-Zip:** HOBE SOUND, FL 33455 US

**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:** ROBERT BITTLE

MGR

03/20/2009

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