2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 02, 2009
Secretary of State

DOCUMENT# L07000067193

Entity Name: TACTICAL CONTROLS ENGINEERING, LLC

Current Principal Place of Business:

6615 S.W. 13TH STREET
GAINESVILLE, FL 32608 US

New Principal Place of Business:

Current Mailing Address:

6615 S.W. 13TH STREET
GAINESVILLE, FL 32608 US

New Mailing Address:

FEI Number: 26-0439757 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

HUTCHINS, WILLIAM C
12003 S.E. 31ST PLACE
GAINESVILLE, FL 32641 US

Name and Address of New Registered Agent:

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: PERKINS, JOHN K JR.
Address: 6615 S.W. 13TH STREET
City-St-Zip: GAINESVILLE, FL 32608 US

Title: MGR ( ) Delete
Name: HUTCHINS, WILLIAM C
Address: 6615 S.W. 13TH STREET
City-St-Zip: GAINESVILLE, FL 32608 US

Title: MGR ( ) Delete
Name: SUTTON, ROGER A
Address: 6615 S.W. 13TH STREET
City-St-Zip: GAINESVILLE, FL 32608 US

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: JOHN K. PERKINS JR MGR 03/02/2009

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