

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000068074

FILED  
Jun 09, 2008  
Secretary of State

**Entity Name:** INTEGRATED FACILITIES SOLUTIONS, LLC

**Current Principal Place of Business:**

6817 SOUTHPOINT PARKWAY  
603  
JACKSONVILLE, FL 32216

**New Principal Place of Business:**

**Current Mailing Address:**

6817 SOUTHPOINT PARKWAY  
603  
JACKSONVILLE, FL 32216

**New Mailing Address:**

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

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

LEE G. KELLISON, P.A.  
6817 SOUTHPOINT PARKWAY  
SUITE 603  
JACKSONVILLE, FL 32216 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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: JOHNSTON, RICHARD  
Address: 6380 PHILIPS HIGHWAY  
City-St-Zip: JACKSONVILLE, FL 32216

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGR ( ) Change (X) Addition  
Name: JOHNSTON, KATHERINE  
Address: 116 OAK VIEW CIR  
City-St-Zip: PONTE VEDRA BEACH, FL 32082

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: RICHARD JOHNSTON

MGR

06/09/2008

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