

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000080609

FILED  
Apr 23, 2008  
Secretary of State

Entity Name: MDA TECHNICAL SOLUTIONS, LLC

**Current Principal Place of Business:**

8527 CROSS TIMBERS DRIVE WEST  
JACKSONVILLE, FL 32244

**New Principal Place of Business:**

**Current Mailing Address:**

8527 CROSS TIMBERS DRIVE WEST  
JACKSONVILLE, FL 32244

**New Mailing Address:**

FEI Number: 26-2183913

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

ALLIGOOD, MICHAEL D  
8527 CROSS TIMBERS DRIVE WEST  
JACKSONVILLE, FL 32244 US

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

ALLIGOOD, MICHAEL D OWNER  
8527 CROSS TIMBERS DRIVE WEST  
JACKSONVILLE, FL 32244 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: MICHAEL D ALLIGOOD

04/23/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

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

**ADDITIONS/CHANGES:**

Title: MR ( ) Change (X) Addition  
Name: ALLIGOOD, MICHAEL D OWNER  
Address: 8527 CROSS TIMBERS DRIVE WEST  
City-St-Zip: JACKSONVILLE, FL 32244 US

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: MICHAEL D ALLIGOOD

OWN

04/23/2008

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