

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000080609

**FILED**  
**Jan 31, 2010**  
**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:**

9526 ARGYLE FOREST BLVD  
STE B2 #340  
JACKSONVILLE, FL 32222

**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 OWNER  
8527 CROSS TIMBERS DRIVE WEST  
JACKSONVILLE, FL 32244 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:** MR  
**Name:** ALLIGOOD, MICHAEL D OWNER  
**Address:** 8527 CROSS TIMBERS DRIVE WEST  
**City-St-Zip:** JACKSONVILLE, FL 32244 US

I hereby 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

MR

01/31/2010

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