

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90041 044 ***138.75

60037823



DOCUMENT # L07000082683 1. Entity Name ADVANCED TESTING CONSULTANTS, LLC					
Principal Place of Business 10920 - 27 BAYMEADOWS ROAD, SUITE 227 JACKSONVILLE, FL 32256			Mailing Address 10920 - 27 BAYMEADOWS ROAD, SUITE 227 JACKSONVILLE, FL 32256		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		4. FEI Number Chg-LLC CR2E083 (12/06) Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				6. Name and Address of Current Registered Agent CHANDLER, CAROLE JONES 10920 - 27 BAYMEADOWS ROAD, SUITE 227 JACKSONVILLE, FL 32256	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code				8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____	
FILE NOW!!! FEE IS \$138.75. After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CHANDLER, CAROLE JONES 10920 - 27 BAYMEADOWS ROAD, SUITE 227 JACKSONVILLE, FL 32256 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: <i>Carole J Chandler</i> 4/28/08 904 683-5905 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					

ATTACHMENT

60037823

carolechandler01@comcast.net

From: carolechandler01@comcast.net on behalf of Carole Jones Chandler
(carolechandler01@comcast.net)

Sent: Monday, April 28, 2008 2:14 PM

To: 'corphelp@dos.state.fl.us'

Subject: ANNUAL REPORT FILLING ONLINE PROBLEMS

TO WHOM IT MAY CONCERN:

I have attempted to submit online my annual report, Document #L07000082683, Document Tracking Number # - 000126294990 for Advanced Testing Consultants, LLC. I received a "Payment Error" message stating "Unable to authorize funds for payment at this time." I was referred to Link2Gov - 1-877-513-LINK, I called the telephone number provided and was told after a lengthy wait on hold that I would need to call back. I am therefore attempting to learn from you the next best and expedient method to pay for and file my report before the May 1 deadline.

I can be contacted by phone at 904 -683-5905.

Your assistance is appreciated.

OK
Money order

4/28/2008

00037823

#L07000082683

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS



Please Confirm Billing Information

Transaction Amount: **\$138.75**

Email Address: **carolechandler01@comcast.net**
Billing Name: **CAROLE J CHANDLER**
Billing Address: **9189 SWEET BERRY COURT**
Billing City: **JACKSONVILLE**
Billing State: **FL**
Billing Zip: **32256-**
Billing Phone Number: **904-333-0075; 904-683-5905**

Payment Method: **Visa**
Credit Card Number: ~~62207887264928256~~
Credit Card Expiration Date: **07/2011**

Important Notice: Clicking the "Pay Now" button below more than one time may result in multiple charges to your account. Please click on the "Pay Now" button only one time. Please be patient. Your order is being processed.

[Back](#)

[Pay Now](#)

60037823
#L07000082683

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS



PaymentError:

Unable to authorize funds for payment at this time.

Who to contact for further **Link2Gov** - 1-877-513-LINK
info: or Support@link2gov.com

Back

*My back was
unable to
determine why
you could
not receive
the funds.*