

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000085773

FILED
Apr 14, 2009
Secretary of State

Entity Name: SIMULATION STANDARDS, LLC

Current Principal Place of Business:

1403 FLIGHTLINE BLVD.
SUITE 10
DELAND, FL 32724 US

New Principal Place of Business:

1140 FLIGHTLINE BLVD
UNIT - A
DELAND, FL 32724 US

Current Mailing Address:

1403 FLIGHTLINE BLVD.
SUITE 10
DELAND, FL 32724 US

New Mailing Address:

1140 FLIGHTLINE BLVD
UNIT - A
DELAND, FL 32724 US

FEI Number: 71-1037549

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KHWAJA, MOHIDDIN
3243 SCENIC WOODS DRIVE
DELTONA, FL 32725 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: MGRM () Delete
Name: KHWAJA, MOHIDDIN
Address: 3243 SCENIC WOODS DRIVE
City-St-Zip: DELTONA, FL 32725 FL

Title: MGRM () Delete
Name: HORBACH, ADAM
Address: 12606 BRITISH KNOLL CT.
City-St-Zip: HOUSTON, TX 77014 US

Title: MGRM () Delete
Name: MCALISTER, RON
Address: 1001 WARRENVILLE ROAD
City-St-Zip: LISLE, IL 60532 US

Title: MGRM () Delete
Name: MEISNER, GARY
Address: 703 AIRPORT ROAD
City-St-Zip: BURLINGTON, WI 53105 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:

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: MOHIDDIN KHWAJA

MGRM

04/14/2009

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