

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000098512

**FILED**  
**Apr 22, 2011**  
**Secretary of State**

**Entity Name:** FLORIDA SPACE COAST A-TEAM (FSCAT) LLC

**Current Principal Place of Business:**

6588 CREST AVE.  
PORT ST JOHN, FL 32927 US

**New Principal Place of Business:**

**Current Mailing Address:**

6588 CREST AVE.  
PORT ST JOHN, FL 32927 US

**New Mailing Address:**

**FEI Number:** 32-0222172

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MORRIS, CHARLES E SR  
6588 CREST AVE.  
PORT ST JOHN, FL 32927 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  
Name: MORRIS, SR., CHARLES E  
Address: 6588 CREST AVE.  
City-St-Zip: PORT ST JOHN, FL 32927 US

Title: MGRM  
Name: MARTINEZ, PABLO  
Address: 3639 SUNNY DRIVE.  
City-St-Zip: MIMS, FL 32754 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: CHARLES E. MORRIS

MGMR

04/22/2011

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