

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000006662

**FILED**  
**Apr 27, 2011**  
**Secretary of State**

**Entity Name:** INTEGRATED FLOW SYSTEMS LLC

**Current Principal Place of Business:**

1502 INDUSTRIAL DR  
C009  
EDGEWATER, FL 32132

**New Principal Place of Business:**

805 FAULKNER STREET  
NEW SMYRNA BEACH, FL 32168

**Current Mailing Address:**

PO BOX 2089  
NEW SMYRNA BEACH, FL 32170

**New Mailing Address:**

805 FAULKNER STREET  
NEW SMYRNA BEACH, FL 32168

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

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

COYLE, CANDACE L  
805 FAULKNER ST.  
NEW SMYRNA BEACH, FL 32168 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: MGR  
Name: COYLE, CHRISTOPHER K  
Address: 805 FAULKNER ST.  
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: MGR  
Name: RICHENBERG, RANDY R  
Address: 1402 N PENINSULA AVE.  
City-St-Zip: NEW SMYRNA BEACH, FL 32169

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: CHRISTOPHER COYLE

MGR

04/27/2011

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