

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000032473

FILED  
Feb 22, 2012  
Secretary of State

**Entity Name:** NATIVE CONTROL SERVICES, LLC

**Current Principal Place of Business:**

1191 SW ALEXANDRIA AVE  
PORT ST. LUCIE, FL 34953 US

**New Principal Place of Business:**

3850 SELVITZ RD  
FORT PIERCE, FL 34981 US

**Current Mailing Address:**

1191 SW ALEXANDRIA AVE  
PORT ST. LUCIE, FL 34953 US

**New Mailing Address:**

PO BOX 15309  
FORT PIERCE, FL 34979 US

**FEI Number:** 26-4594308

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SCARMARDO, TIFFANY L  
1191 SW ALEXANDRIA AVE  
PORT ST LUCIE, FL 34953 US

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

ENGLISH, JOHN L JR  
3850 SELVITZ RD  
FORT PIERCE, FL 34979 US

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: JOHN L ENGLISH JR

02/22/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: ENGLISH, JOHN L JR  
Address: PO BOX 15309  
City-St-Zip: FORT PIERCE, FL 34979 US

Title: MGR  
Name: ENGLISH, JOHN L III  
Address: 992 S.E. CANDLE AVE  
City-St-Zip: PORT ST. LUCIE, FL 34985 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: JOHN L ENGLISH JR

MGRM

02/22/2012

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