

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000117239

Entity Name: MOBILE TESTING LLC

**FILED**  
**Jan 10, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

6556 CHASEWOOD DR., APT B  
JUPITER, FL 33458 US

**New Principal Place of Business:**

16219 80TH ST. NORTH  
LOXAHATCHEE, FL 33470 US

**Current Mailing Address:**

6556 CHASEWOOD DR., APT B  
JUPITER, FL 33458 US

**New Mailing Address:**

16219 80TH ST NORTH  
LOXAHATCHEE, FL 33470 US

FEI Number: 27-3943288

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CARLYLE, DAVID  
242 VILLAGE BLVD  
2102  
TEQUESTA, FL 33469 US

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

CARLYLE, DAVID  
16129 80TH ST. NORTH  
LOXAHATCHEE,, FL 33470 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:

01/10/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: CARLYLE, DAVID  
Address: 16219 80TH ST. NORTH  
City-St-Zip: LOXAHATCHEE, FL 33470 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: DAVID CARLYLE

MR.

01/10/2012

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