

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000112017

**FILED**  
**Jul 05, 2012**  
**Secretary of State**

**Entity Name:** NATIONAL TEST SYSTEMS, LLC

**Current Principal Place of Business:**

1193 WEST NEWPORT CENTER DRIVE  
DEERFIELD BEACH, FL 33442

**New Principal Place of Business:**

**Current Mailing Address:**

1193 WEST NEWPORT CENTER DRIVE  
DEERFIELD BEACH, FL 33442

**New Mailing Address:**

**FEI Number:** 61-1666419

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SCHERR, JASON  
1193 WEST NEWPORT CENTER DRIVE  
DEERFIELD BEACH, FL 33442 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: PRES  
Name: SCHERR, JASON  
Address: 1193 WEST NEWPORT CENTER DR  
City-St-Zip: DEERFIELD BEACH, FL 33442 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: JASON SCHERR

PRES

07/05/2012

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