

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000004607

FILED
Jul 20, 2006
Secretary of State

Entity Name: AUTOMATED CUTTING SYSTEMS, LLC

Current Principal Place of Business:

564 SEMORAN COMMERCE PLACE
APOPKA, FL 32703

New Principal Place of Business:

Current Mailing Address:

475 MONTGOMERY PLACE
ALTAMONTE SPRINGS, FL 32714

New Mailing Address:

FEI Number: 59-3601584 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

KELLEY GOLDBERG LEACH AND COHN
475 MONTGOMERY PLACE
ALTAMONTE SPRINGS, FL 32714 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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: YOUNGBLUT, GARY
Address: 7431 EARLWOOD AVE
City-St-Zip: MOUNT DORA, FL 32757

Title: MGR () Delete
Name: YOUNGBLUT, HEATHER
Address: 7431 EARLWOOD AVE
City-St-Zip: MOUNT DORA, FL 32757

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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: GARY YOUNGBLUT

MGR

07/20/2006

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