

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M02000001833

Entity Name: FACILITY SPECIALISTS LLC

FILED  
Jan 04, 2006  
Secretary of State

**Current Principal Place of Business:**

115 N. MAIN ST.  
EAGLEVILLE, TN 37060

**New Principal Place of Business:**

**Current Mailing Address:**

115 N. MAIN ST.  
EAGLEVILLE, TN 37060

**New Mailing Address:**

P.O. BOX 257  
EAGLEVILLE, TN 37060

FEI Number: 62-1855161

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CAREY, DOUGLASS B  
29250 DORRALL #539  
CLEARWATER, FL 34621 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: MGRM ( ) Delete  
Name: CAREY, KEITH  
Address: 10564 DITCH LANE  
City-St-Zip: ROCKVALE, TN 37153

Title: MGRM ( ) Delete  
Name: THURMAN, RICK  
Address: 10707 TAYLOR RD.  
City-St-Zip: ROCKVALE, TN 37153

**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: KEITH CAREY

MGRM

01/04/2006

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