

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M02000001833

Entity Name: FACILITY SPECIALISTS LLC

FILED
Jan 04, 2008
Secretary of State

Current Principal Place of Business:

2246 KEENELAND COMMERCIAL BLVD.
SUITE D
MURFREESBORO, TN 37130

New Principal Place of Business:

Current Mailing Address:

2246 KEENELAND COMMERCIAL BLVD.
SUITE D
MURFREESBORO, TN 37130

New Mailing Address:

FEI Number: 62-1855161

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331 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, DAVE
Address: 2246 KEENLAND COMMERCIAL BLVD.
City-St-Zip: MURFREESBORO, TN 37130

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

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

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

Title: MGRM () Change (X) Addition
Name: PAUL, IRONMONGER
Address: 2246 KEENELAND COMMERCIAL BLVD.
City-St-Zip: MURFREESBORO, TN 37130

I hereby certify that the information supplied with this filing does not qualify 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: DAVE CAREY

MGRM

01/04/2008

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