

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M02000002854

1. Entity Name
LCC DESIGN SERVICES, LLC



FILED

2008 SEP 25 PM 1:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



03252008 Chg-LLC CR2E083 (12/06)

Principal Place of Business
7925 JONES BRANCH DRIVE
MCLEAN, VA 22102

Mailing Address
7925 JONES BRANCH DRIVE
MCLEAN, VA 22102

2. Principal Place of Business - No P.O. Box #
7900 WESTPARK DR.

3. Mailing Address
7900 WESTPARK DR.

Suite, Apt. #, etc.
SUITE A315

Suite, Apt. #, etc.
SUITE A315

City & State
MCLEAN, VA

City & State
MCLEAN, VA

Zip
22102

Country
USA

Zip
22102

Country
USA

4. FEI Number
54-1721751

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DSVP
DELISO, PETER A
7925 JONES BRANCH
MC LEAN, VA 22102

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

CEO
DOUGLAS, DEAN
7925 JONES BRANCH DR
MC LEAN, VA 22102

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

CFO
SALAMONE, LOU
7925 JONES BRANCH DR
MC LEAN, VA 22102

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DSVP
DELISO, PETER A
7900 WESTPARK DR. SUITE A315
MCLEAN, VA 22102

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

CEO
DOUGLAS, DEAN J
7900 WESTPARK DR. SUITE A315
MCLEAN, VA 22102

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

CFO
SALAMONE, LOUIS JR
7900 WESTPARK DR. SUITE A315
MCLEAN, VA 22102

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: FLOYD TWYMAN FLOYD TWYMAN 3-25-2008
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #