

#50

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

APPROVED
AND
FILED

05 APR 28 AM 9:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M03000002485

1. Entity Name
GENERAL DYNAMICS OTS (SOUTHERN MUNITIONS),
LLC



Principal Place of Business
10101 DR. M. L. KING ST., NORTH
ST. PETERSBURG, FL 33716

Mailing Address
10101 DR. M. L. KING ST., NORTH
ST. PETERSBURG, FL 33716

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04152005

Chg-LLC

CR2E083 (10/03)

MRD

4. FEI Number
42-1599985

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DAMERON, DEL S ESQ.
10101 DR. M. L. KING ST., NORTH
ST. PETERSBURG, FL 33716

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00
Due by May 1, 2005

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete
NAME VEITCH, ARTHUR J
STREET ADDRESS 2941 FAIRVIEW PARK DRIVE, SUITE 100
CITY-ST-ZIP FALLS CHURCH, VA 220424513

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGR ☐ Delete
NAME SAVNER, DAVID A
STREET ADDRESS 2941 FAIRVIEW PARK DRIVE, SUITE 100
CITY-ST-ZIP FALLS CHURCH, VA 220424513

TITLE ☐ Change ☐ Addition
NAME 900054344039
STREET ADDRESS 05/12/05--01078--005 **791.25
CITY-ST-ZIP

TITLE MGR ☐ Delete
NAME MANCUSO, MICHAEL J
STREET ADDRESS 2941 FAIRVIEW PARK DRIVE, SUITE 100
CITY-ST-ZIP FALLS CHURCH, VA 220424513

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Lisa Golden Parafgal
727-578-8340