FILED Mar 05, 2008 8:00 am Secretary of State 03-05-2008 90206 002 ***143.75

1. Entity Name OPS CON	ITRACTING SERVICES, LLC	c			60	V12630)		
Principal Place	e of Business	Mailing Address		- 1		•			
5569 SUMME	ER AVE	5669 SUMMER AVE		-					
MEMPHIS, TN		MEMPHIS, TN 38134		1					
				- 1					
					1 11 11 11 11 11				
	ace of Business - No P.O. Box #	Mailing Address							
'ماما 5	9 Summer Ave.	5669 Su	nmer 1	t je i	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			02192008	Chg-LLC	CR2E083 (1	3(06)	
					02102000	Ong-LLC	CR2E003 (1	200,	
City & State		City & State			4. FEI Numb			Apı	olied For
memi	ohis TN	Memphis	TN_{-}		36-435	1384	_	Not	Applicable
	Country	Zip	Country			of Status Desired	\$5.0	0. Addi	tional
38134	VC.	38134	υS	1	-5. Centilicate	OI States Desired	Fee F	Required	ı
- V - I	6. Name and Address of Current R	legistered Agent	1		7. Name and	Address of New	Registered Agent	-	
Name of D									
ENSAFE, INC.					sate, Inc.				
	H PALAFAX STREET		Strøet Ac	ddress (P	(P.O. Box Number is Not Acceptable)				
PENSACO	LA, FL 32502	1/0/8			Randee Civcle				
			48	12	Kana	ce circ	1°C		
	/	′ / aa	City 1	2-0	2-2-1-		C 1 Z	in Code	
/ Ops Controctling Services LLC FL 32826									
	named entity submits this statement for	the purpose of charge 153		de OP	gent, or bo	th, in the State of	Florida. I am famili	ar with, t	and accept
the obligat	ions of registered agent.	/ Chlaf I	Financial (Office	A.		1 1 0		
Lauren		,		·	.		2126/08		
SIGNATURE.	Signature, you'd do pinted name of registered agent at	nd title if applicable. (NOTE:	Registered Agent signatu	ire required v	when remstating)		DATE		
FILE After May	NOW!!! FEE IS \$138.75 / 1, 2008 Fee will be \$538.75				į		ake check payat da Department d		•
9.	MANAGING MEMBER	RS/MANAGERS	10.	•		ADDITION	S/CHANGES		
TITLE	MGR	☐ Detete	TITLE				П	Change	Addition
NAME	COOP, PHILLIP		NAME				_		_
STREET ADDRESS	5724 SUMMER TREES DR.		STREET ADDRESS						
CITY-ST-ZIP	MEMPHIS, TN 38134		CHY-ST-ZIP						
	MGR	Delete		MG	p			^h	Addition
TITLE		TRA Delete	TITLE		inm &	Backus mer Tree		Change	C) Audition
NAME	SPEAKMAN, JAMES		NAME	671	J. Sum	mer Tree	s brive		
STREET ADDRESS	5724 SUMMER TREES DRIVE		STREET ADDRESS	ە ، ب سەرلد	200	T.1 201	241		
CITY-ST-ZIP	MEMPHIS, TN 38134		CATY-ST-ZIP	MEN	141113	TN 381			
FIFLE	MGR	☐ Delete	TITLE					Change	Addition
NAME	WOOD, MICHAEL		NAME	l					
STREET ADDRESS	5724 SUMMER TREES DRIVE		STREET ADDRESS						
CITY-ST-ZIP	MEMPHIS, TN 38134		CITY-ST-ZIP						
TITLE	MGR	☐ Delete	TITLE					Change	Addition
NAME	STODDARD, PAUL V	Offile	NAME.	ı				9 -	
STREET ADDRESS	5724 SUMMER TREES DRIVE		STREET ADDRESS						
CITY-ST-ZIP	MEMPHIS, TN 38134		CITY-ST-ZIP						
			70715					^hoose	Ti Addition
TITLE	1	Delete	TITLE				Ц,	Change	Addition
NAME CONCET LONDOCCE	1		NAME CYBEST ADOOK CO						
STREET ADDRESS			STREET ADORESS						
CITY-ST-ZIP	ļ		CITY-SI-ZIP				 		
TITLE		☐ Delete	TITLE					Change	☐ Addition
NAME	1		NAME						
STREET ADDRESS		\sim	STREET ADDRESS						
CITY-ST-ZIP	<u></u>		CITY-ST-ZIP						
11. I hereby	certify that the information supplied with	this filing does not qualify for t	the exemptions co	intained in	in Chapter 119	, Florida Statutes.	I further certify that	the info	rmation
indicated	on this report is true and accurate and	that my signature shall have th	ne same legal effe	ct as if ma	iade under oat	h; that I em a mar	naging member or	manage	r of the
fimited lia	ability company or the receiver or trustee	empowered to exacute this re				SIBTULES.			
	1/1 A M 1		. Wood, C		-, -		1		
SIGNAT	TIDE: //////	Chiled Elm	encial Offi			2/26	108		
PORM	SIGNATURE AND TYPED ON PRINTED NAME OF	SIGNING MANAGING MEMBER, MANA			MTATIVE	Date		Phone #	
<u></u>		1							