
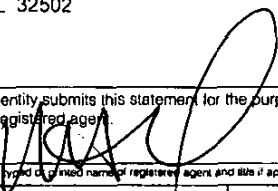
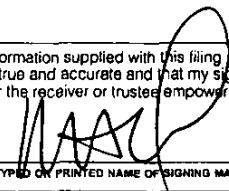


FILED
Mar 05, 2008 8:00 am
Secretary of State

03-05-2008 90206 002 ***143.75

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # M04000001034			
1. Entity Name OPS CONTRACTING SERVICES, LLC			
Principal Place of Business 5569 SUMMER AVE MEMPHIS, TN 38134		Mailing Address 5669 SUMMER AVE MEMPHIS, TN 38134	
2. Principal Place of Business - No P.O. Box # 5669 Summer Ave.		3. Mailing Address 5669 Summer Ave	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Memphis TN		City & State Memphis TN	
Zip 38134		Zip 38134	
Country US		Country US	
4. FEI Number 36-4351384		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent ENSAFE, INC. 201 NORTH PALAFAX STREET PENSACOLA, FL 32502		7. Name and Address of New Registered Agent Name Ensafe, Inc. Street Address (P.O. Box Number is Not Acceptable) 4812 Randee Circle City & State FL 32626	
8. The above named entity submits this statement for the purpose of changing the registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Ops Contracting Services, LLC Michael A. Wood, CPA Chief Financial Officer *SIGNATURE:  DATE: 2/26/08			
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		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
MGR COOP, PHILLIP 5724 SUMMER TREES DR. MEMPHIS, TN 38134		MGR William D. Backus 5724 Summer Trees Drive Memphis, TN 38134	
MGR SPEAKMAN, JAMES 5724 SUMMER TREES DRIVE MEMPHIS, TN 38134			
MGR WOOD, MICHAEL 5724 SUMMER TREES DRIVE MEMPHIS, TN 38134			
MGR STODDARD, PAUL V 5724 SUMMER TREES DRIVE MEMPHIS, TN 38134			
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. Ops Contracting Services, LLC Michael A. Wood, CPA Chief Financial Officer *SIGNATURE:  DATE: 2/26/08			