

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M04000001034

**FILED**  
**Apr 04, 2011**  
**Secretary of State**

**Entity Name:** OPS CONTRACTING SERVICES, LLC

**Current Principal Place of Business:**

5669 SUMMER AVENUE  
MEMPHIS, TN 38134

**New Principal Place of Business:**

**Current Mailing Address:**

5669 SUMMER AVENUE  
MEMPHIS, TN 38134

**New Mailing Address:**

200 NORTH 2ND STREET  
NASHVILLE, TN 37213

**FEI Number:** 36-4351384

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

ENSAFE, INC.  
4812 RANDEE CIRCLE  
PENSACOLA, FL 32526 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:** MGR  
**Name:** COOP, PHILLIP  
**Address:** 5724 SUMMER TREES DR.  
**City-St-Zip:** MEMPHIS, TN 38134 US

**Title:** MGR  
**Name:** WOOD, MICHAEL  
**Address:** 5724 SUMMER TREES DRIVE  
**City-St-Zip:** MEMPHIS, TN 38134 US

**Title:** MGR  
**Name:** BACKUS, WILLIAM D  
**Address:** 5724 SUMMER TREES DRIVE  
**City-St-Zip:** MEMPHIS, TN 38134

I hereby 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:** WILLIAM D. BACKUS

VP

04/04/2011

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