2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000001054

Entity Name: C4 ADVANCED TACTICAL SYSTEMS, LLC

FILED Apr 01, 2009 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
2001 W. OAK RIDGE ROAD							
SUITE 200 ORLANDO, FL 328093803							
Current Mailing Address:				New Mailing Address:			
	•						
2001 W. OAK RIDGE ROAD SUITE 200							
	,), FL 3280938	03					
FEI Number:	: 87-0736523	FEI Number Applied For ()	FEI Numi	ber Not Appl	licable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
						3	
1200 SOU	PORATION SY TH PINE ISLA ION, FL 33324	ND ROAD					
	named entity e of Florida	submits this statement for the p	ourpose of	changing i	ts registere	d office or registered agent, or both	
SIGNATUR	RE:						
		nic Signature of Registered Age	ent			Date	
MANAGING MEMBERS/MANAGERS:				ADDITIONS/CHANGES:			
Title:	DOEO (Doloto		Title:	DOEO	(V) Change () Addition	
Name:	PCEO () KELLY, MICHA) Delete EL		nue. Name:	PCEO SULIMAN, IS	(X) Change ()Addition SRAEL	
Address:	9333 BALBOA			Address:		K RIDGE ROAD, ST 200	
City-St-Zip:	SAN DIEGO, C	A 92123 US	•	City-St-Zip:	ORLANDO,	FL 32809 US	
Title:	s () Delete		Title:	V	(X) Change () Addition	
Name:	HOESE, WILLI			Name:	BEN-AMOTZ	·	
Address:	9333 BALBOA			Address:		K RIDGE ROAD, STE 200	
City-St-Zip:	SAN DIEGO, C	A 92123 US	,	City-St-Zip:	ORLANDO,	FL 32809 US	
Title:	V (X) Delete		Title:		() Change () Addition	
Name:	BEN-AMOTZ, C			Name:			
Address:		IDGE ROAD, STE 200		Address:			
City-St-Zip:	ORLANDO, FL	32809 US	•	City-St-Zip:			
Title:	V (X) Delete		Title:		() Change () Addition	
Name:	SULIMAN, ISRA	\EL	- 1	Name:			
Address:		IDGE ROAD, STE 200		Address:			
City-St-Zip:	ORLANDO, FL	32809 US	(City-St-Zip:			
Title:	V (X) Delete	-	Title:		() Change () Addition	
Name:	NEWPORT, KE			Name:			
Address:	2001 W OAK R	IDGE ROAD, STE 200		Address:			
City-St-Zip:	ORLANDO, FL	32809 US		City-St-Zip:			

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: ORI BEN-AMOTZ V 04/01/2009