

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

**FILED**   
**Feb 22, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # M06000000881**

1. Entity Name

ACCURATE CONTROL COMPANY, LLC

Principal Place of Business

4911 FULTON  
HOUSTON TX 77009

Mailing Address

4911 FULTON  
HOUSTON TX 77009



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E083 (10/07)

4. FEI Number

20-4355717

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

BROCK, KENDALL  
2005 EDENFIELD PL  
LAKELAND FL 33801

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 if applicable

(NOTE: Registered Agent signature required when changing)

DATE

**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 MGR ☐ Delete  
NAME HARO, MANUEL M  
STREET ADDRESS 4911 FULTON  
CITY-ST-ZIP HOUSTON TX 77009

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 000000835621  
CITY-ST-ZIP 02/29/08-80041-019 143.75

TITLE MGR ☐ Delete  
NAME D'AGOSTINO, FRANK A JR  
STREET ADDRESS 1599 ADMIRAL WILSON BOULEVARD  
CITY-ST-ZIP CAMDEN NJ 08109

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

TITLE MGR ☐ Delete  
NAME NABRZESKI, ROBERT J JR  
STREET ADDRESS 1599 ADMIRAL WILSON BOULEVARD  
CITY-ST-ZIP CAMDEN NJ 08109

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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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 exemptions contained in Section 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.

SIGNATURE:

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

MANUEL M. HARO

02/15/08

Date of Filing