

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000000881

FILED  
Jan 05, 2009  
Secretary of State

Entity Name: ACCURATE CONTROL COMPANY, LLC

**Current Principal Place of Business:**

4911 FULTON  
HOUSTON, TX 77009

**New Principal Place of Business:**

**Current Mailing Address:**

4911 FULTON  
HOUSTON, TX 77009

**New Mailing Address:**

PO BOX 30436  
HOUSTON, TX 77249

FEI Number: 20-4355717

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

BROCK, KENDALL  
2005 EDENFIELD PL  
LAKELAND, FL 33801 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 ( ) Delete  
Name: HARO, MANUEL M  
Address: 4911 FULTON  
City-St-Zip: HOUSTON, TX 77009

Title: MGR ( ) Delete  
Name: D'AGOSTINO, FRANK A JR  
Address: 1599 ADMIRAL WILSON BOULEVARD  
City-St-Zip: CAMDEN, NJ 08109

Title: MGR ( ) Delete  
Name: NABRZESKI, ROBERT J JR  
Address: 1599 ADMIRAL WILSON BOULEVARD  
City-St-Zip: CAMDEN, NJ 08109

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
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: MANUEL HARO

MGR

01/05/2009

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