2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 07, 2007
Secretary of State

DOCUMENT# M06000006903

Entity Name: AMERICAN CONTINGENCY SUPPORT & SERVICES LLC

Current Principal Place of Business:

4339 JULINGTON CREEK RD
JACKSONVILLE, FL 32258

New Principal Place of Business:

Current Mailing Address:

4339 JULINGTON CREEK RD
JACKSONVILLE, FL 32258

New Mailing Address:

FEI Number: 20-2696584 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

AGENTS AND CORPORATIONS, INC.
SUITE E, 773 4TH AVE. NORTH
NAPLES, FL 34102 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: MGRM ( ) Delete
Name: LACHAPELLE, WILLIAM
Address: 4339 JULINGTON CREEK RD
City-St-Zip: JACKSONVILLE, FL 32258

Title: MGRM ( ) Delete
Name: LACHAPELLE, JANNA
Address: 4339 JULINGTON CREEK RD
City-St-Zip: JACKSONVILLE, FL 32258

ADDITIONS/CHANGES:

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 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: WILLIAM LACHAPELLE MGRM 02/07/2007

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