

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M07000005009

**FILED**  
**Jun 17, 2010**  
**Secretary of State**

**Entity Name:** FACILITY SYSTEMS CONSULTANTS, LLC

**Current Principal Place of Business:**

714 SOUTH GAY STREET  
KNOXVILLE, TN 37902

**New Principal Place of Business:**

713 SOUTH CENTRAL STREET  
SUITE 101  
KNOXVILLE, TN 37902

**Current Mailing Address:**

714 SOUTH GAY STREET  
KNOXVILLE, TN 37902

**New Mailing Address:**

713 SOUTH CENTRAL STREET  
SUITE 101  
KNOXVILLE, TN 37902

**FEI Number:** 20-2606623

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 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: KENNY, JOHN M  
Address: 713 SOUTH CENTRAL STREET, SUITE 101  
City-St-Zip: KNOXVILLE, TN 37902

Title: MGR  
Name: HEADLA, LARRY T  
Address: 713 SOUTH CENTRAL STREET, SUITE 101  
City-St-Zip: KNOXVILLE, TN 37902

Title: MGR  
Name: BANKS, CHRISTOPHER T  
Address: 713 SOUTH CENTRAL STREET, SUITE 101  
City-St-Zip: KNOXVILLE, TN 37902

Title: MGR  
Name: HALL, PRESTON  
Address: 713 SOUTH CENTRAL STREET, SUITE 101  
City-St-Zip: KNOXVILLE, TN 37902

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: JOHN M. KENNY, P.E.

MGR

06/17/2010

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