

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M10000001120

Entity Name: CHS MIDDLE EAST, LLC

**FILED**  
**Mar 22, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

8810 ASTRONAUT BLVD.  
CAPE CANAVERAL, FL 32920

**New Principal Place of Business:**

**Current Mailing Address:**

8810 ASTRONAUT BLVD.  
CAPE CANAVERAL, FL 32920

**New Mailing Address:**

10701 PARKRIDGE BOULEVARD  
200  
RESTON, VA 20191

FEI Number: 26-1987637

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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: PALMER, GARY  
Address: 8810 ASTRONAUT BLVD.  
City-St-Zip: CAPE CANAVERAL, FL 32920

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: GARY PALMER

MGR

03/22/2011

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