

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M10000005341

**FILED**  
**Feb 16, 2011**  
**Secretary of State**

**Entity Name:** TFAB GROUND SYSTEMS, LLC

**Current Principal Place of Business:**

1689 C STREET  
STE 219  
ANCHORAGE, AK 99501

**New Principal Place of Business:**

**Current Mailing Address:**

1689 C STREET  
STE 219  
ANCHORAGE, AK 99501

**New Mailing Address:**

229 PALMER ROAD  
MADISON, AL 35758

**FEI Number:** 26-3301715

**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:** MGRM  
**Name:** JOLLY, WILLIAM H  
**Address:** 1689 C STREET - STER 219  
**City-St-Zip:** ANCHORAGE, AK 99501

**Title:** MGRM  
**Name:** CHANDLER, SUZANNE  
**Address:** 229 PALMER ROAD  
**City-St-Zip:** MADISON, AL 35758

**Title:** VP  
**Name:** GRIGGS, DENNIS  
**Address:** 229 PALMER ROAD  
**City-St-Zip:** MADISON, AL 35758

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:** WILLIAM H.JOLLY

MGRM

02/16/2011

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