

**2020 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M07000005009

**FILED**  
**Apr 16, 2020**  
**Secretary of State**  
**4524495017CC**

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

**Current Principal Place of Business:**

713 SOUTH CENTRAL STREET  
SUITE 101  
KNOXVILLE, TN 37902

**Current Mailing Address:**

713 SOUTH CENTRAL STREET  
SUITE 101  
KNOXVILLE, TN 37902

**FEI Number:** 20-2606623

**Certificate of Status Desired:** No

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 US

*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

**Authorized Person(s) Detail :**

Title	FOUNDER	Title	PRESIDENT
Name	KENNY, JOHN M	Name	HEADLA, LARRY T
Address	713 SOUTH CENTRAL STREET, SUITE 101	Address	713 SOUTH CENTRAL STREET, SUITE 101
City-State-Zip:	KNOXVILLE TN 37902	City-State-Zip:	KNOXVILLE TN 37902
Title	PARTNER	Title	PARTNER
Name	HALL, PRESTON C	Name	BROWN, NATHAN
Address	713 SOUTH CENTRAL STREET, SUITE 101	Address	713 SOUTH CENTRAL STREET SUITE 101
City-State-Zip:	KNOXVILLE TN 37902	City-State-Zip:	KNOXVILLE TN 37902
Title	PARTNER	Title	PARTNER
Name	CABAGE, MARC	Name	HOLIWAY, JASON
Address	713 SOUTH CENTRAL STREET SUITE 101	Address	713 SOUTH CENTRAL STREET SUITE 101
City-State-Zip:	KNOXVILLE TN 37902	City-State-Zip:	KNOXVILLE TN 37902

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** LARRY HEADLA

**PRESIDENT**

**04/16/2020**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date