

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000003263

FILED  
Apr 06, 2009  
Secretary of State

**Entity Name:** DIGITAL AERIAL SOLUTIONS, LLC

**Current Principal Place of Business:**

8409 LAUREL FAIR CIRCLE  
100  
TAMPA, FL 33610 US

**New Principal Place of Business:**

**Current Mailing Address:**

8409 LAUREL FAIR CIRCLE  
100  
TAMPA, FL 33610 US

**New Mailing Address:**

FEI Number: 47-0907854

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

WASIELEWSKI, MICHAEL C  
1010 SYMPHONY ISLES BLVD.  
TAMPA, FL 33572 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: WASIELEWSKI, MICHAEL C  
Address: 8409 LAUREL FAIR CIRCLE SUITE 100  
City-St-Zip: TAMPA, FL 33610 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: MICHAEL C. WASIELEWSKI

MGRM

04/06/2009

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