

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000002518

Entity Name: AUTOMATED SOLUTIONS LLC

Current Principal Place of Business:

14027 SOBRADO DRIVE
ORLANDO, FL 32837

Current Mailing Address:

PO BOX 771447
ORLANDO, FL 32877 US

FEI Number: 45-0464580

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DESIMONE, BUNPHERM
14027 SOBRADO DRIVE
ORLANDO, FL 32837 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 MGR
Name DESIMONE, BUNPHERM
Address 14027 SOBRADO DRIVE
City-State-Zip: ORLANDO FL 32837

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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: BUNPHERM DESIMONE

MGR

04/21/2013

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date