

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000003263

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

**Current Principal Place of Business:**

8409 LAUREL FAIR CIRLCE  
SUITE 100  
TAMPA, FL 33610

**Current Mailing Address:**

8409 LAUREL FAIR CIRLCE  
SUITE 100  
TAMPA, FL 33610 US

**FEI Number:** 47-0907854

**Certificate of Status Desired:** Yes

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

WASIELEWSKI, MICHAEL C  
1010 SYMPHONY ISLES BLVD.  
TAMPA, FL 33572 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	PRESIDENT	Title	AUTHORIZED REPRESENTATIVE
Name	KRISTENSEN, MONA	Name	WASIELEWSKI, MICHAEL C
Address	8409 LAUREL FAIR CIRLCE SUITE 100	Address	8409 LAUREL FAIR CIRLCE SUITE 100
City-State-Zip:	TAMPA FL 33610	City-State-Zip:	TAMPA FL 33610

*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:** MONA KRISTENSEN

**PRESIDENT**

**01/27/2014**

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

\_\_\_\_\_  
Date