

**2013 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M08000001269

**Entity Name:** SAVANT SYSTEMS, LLC

**Current Principal Place of Business:**

45 PERSEVERANCE WAY  
SUITE 103  
HYANNIS, MA 02601

**Current Mailing Address:**

45 PERSEVERANCE WAY  
SUITE 103  
HYANNIS, MA 02601 US

**FEI Number:** 20-2881475

**Certificate of Status Desired:** No

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

NRAI SERVICES, INC.  
515 E. PARK AVENUE  
TALLAHASSEE, FL 32301 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 STAVROS, CHRISTOPHER  
Address 770 MAIN STREET  
City-State-Zip: OSTERVILLE MA 02655

Title MGR  
Name MYERS, BRUCE  
Address 770 MAIN STREET  
City-State-Zip: OSTERVILLE MA 02655

Title MGR  
Name COYLE, KATHY  
Address 770 MAIN STREET  
City-State-Zip: OSTERVILLE MA 02655

Title MGR  
Name CARROLL, JAMES  
Address 770 MAIN STREET  
City-State-Zip: OSTERVILLE MA 02655

Title MGR  
Name MADONNA, ROBERT  
Address 770 MAIN STREET  
City-State-Zip: OSTERVILLE MA 02655

*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:** BRUCE MYERS

**MANAGER**

**01/28/2013**

Electronic Signature of Signing Authorized Person(s) Detail

Date