

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 17, 2006 8:00 am**  
**Secretary of State**

03-29-2006 90021 021 \*\*\*\*50.00

|  |   |  |  |
|--|---|--|--|
| <b>DOCUMENT # L00000010708</b><br>1. Entity Name<br><b>AUTOMATED MEASUREMENT SYSTEMS, LLC</b>  |   |  |  |
| Principal Place of Business<br><b>41 STONEY RIDGE LN<br/>ORMOND BEACH, FL 32174</b>  |   | Mailing Address<br><b>ATTN: MARK VIVINO<br/>PO BOX 730179<br/>ORMOND BEACH, FL 32173-0179</b>  |  |
| 2. Principal Place of Business<br><b>58 CHERRY ST</b>  |   | 3. Mailing Address<br><b>P.O. Box 159</b>  |  |
| Suite, Apt. #, etc.<br>  |   | Suite, Apt. #, etc.<br>  |  |
| City & State<br><b>DANVILLE PA</b>   |   | City & State<br><b>DANVILLE PA</b>   |  |
| Zip<br><b>17821</b>  |   | Zip<br><b>17821</b>  |  |
| Country<br>  |   | Country<br>  |  |
| 4. FEI Number<br><b>59-3668606</b>   |   | Applied For<br><input type="checkbox"/> Not Applicable   |  |
| 5. Certificate of Status Desired <input type="checkbox"/>  |   | <b>\$5.00 Additional Fee Required</b>  |  |
| 6. Name and Address of Current Registered Agent<br><br><b>VIVINO, MARK A<br/>41 STONEY RIDGE LN<br/>ORMOND BEACH, FL 32174</b>   |   | 7. Name and Address of New Registered Agent<br><br><b>Agents and Corporations, Inc.<br/>773-4th Avenue, Suite E<br/>Naples, FL 34102</b> |  |
| City<br><b>FL</b>  |   | Zip Code<br>   |  |
| 8. 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. I am familiar with, and accept the obligations of registered agent.<br>SIGNATURE: <u><i>Mark A. Vivino</i></u> <span style="float: right;">4/6/06</span><br><small>Signature, typed or printed name of registered agent and fee is applicable. (NOTE: registered agent signature required when reinstating)</small>                            |   |  |  |
| <b>Filing Fee is \$50.00<br/>Due by May 1, 2006</b>  |   | <b>Make check payable to<br/>Florida Department of State</b>   |  |
| <b>9. MANAGING MEMBERS/MANAGERS</b>  |   | <b>10. ADDITIONS/CHANGES</b>   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP<br>   | MGR<br>VIVINO, MARK A<br>PO BOX 730179<br>ORMOND BEACH, FL 32173<br><input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP<br>   | -P.O. BOX 159<br>DANVILLE PA 17821<br><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP<br>   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP<br>   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP<br>   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP<br>   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP<br>   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP<br>   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP<br>   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP<br>   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP<br>   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP<br>   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: <u><i>Mark A. Vivino</i></u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF EXISTING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>   |   | 3/20/06 <span style="float: right;">570-951-2628</span><br><small>Date Daytime Phone #</small>   |  |

ATTACHMENT  
30005301  
#L00000010708

## Automated Measurement Systems, LLC

Mark A. Vivino

P.O. Box 159  
Danville, PA 17821-0159

570-951-2828 (cell)  
[mvivino@yahoo.com](mailto:mvivino@yahoo.com)

4/11/06

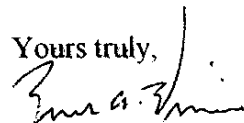
### LabView™ and Virtual Instrumentation Development Services

Florida Dept of State  
Div of Corporations  
P.O. Box 6478  
Tallahassee, FL 32314

To Whom It May Concern:

I have corrected my LLC annual report as per request and have included it with this mail.

Should you have any questions please contact me at 570-951-2828

Yours truly,  


Mark A. Vivino  
LabView Consulting Engineer

Ref L00000010708

