

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000015727

**FILED**  
**Jan 18, 2009**  
**Secretary of State**

**Entity Name:** AUTOMATED DOCUMENT SOLUTIONS, LLC

**Current Principal Place of Business:**

133 NORTH GROVE STREET  
EUSTIS, FL 32726

**New Principal Place of Business:**

**Current Mailing Address:**

P. O. BOX 350288  
GRAND ISLAND, FL 32735

**New Mailing Address:**

**FEI Number:** 59-3706073

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PARENT, RYAN T  
1945 OVERLOOK DRIVE  
MOUNT DORA, FL, FL 32757 US

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

PARENT, RYAN T  
1945 OVERLOOK DRIVE  
MOUNT DORA, FL 32757 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:**

01/18/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR ( ) Delete  
**Name:** PARENT, RYAN T  
**Address:** 1945 OVERLOOK DRIVE  
**City-St-Zip:** MOUNT DORA, FL 32757

**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:** RYAN T. PARENT

MGR

01/18/2009

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