

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000015719

FILED  
Mar 25, 2009  
Secretary of State

Entity Name: AUTO PILOT SERVICES, LLC

**Current Principal Place of Business:**

9001 E. COLONIAL DRIVE  
ORLANDO, FL 32817 US

**New Principal Place of Business:**

**Current Mailing Address:**

9001 E. COLONIAL DRIVE  
ORLANDO, FL 32817 US

**New Mailing Address:**

FEI Number: 80-0065549

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MEINERS, LOUIS M JR.  
2598 L'ERMITAGE LANE  
NAPLES, FL 34105 US

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

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

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: RODRIGUEZ, FRANK  
Address: 9001 E COLONIAL DR  
City-St-Zip: ORLANDO, FL 32817 US

Title: T ( ) Delete  
Name: ALDEN, EDWARD M  
Address: 9001 E. COLONIAL DR.  
City-St-Zip: ORLANDO, FL 32817

Title: V ( ) Delete  
Name: ATKINSON, CARL  
Address: 9001 E COLONIAL DR  
City-St-Zip: ORLANDO, FL 32817

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: EDWARD M ALDEN

T

03/25/2009

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