

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 27, 2007 08:00 AM
Secretary of State

DOCUMENT # L02000028232

1. Entity Name
ARCPPOINT SURVEYING AND MAPPING, LLC



Principal Place of Business

1230 MARINER BLVD
SPRING HILL, FL 34609

Mailing Address

P.O. BOX 3885
SPRING HILL, FL 34611-3885



04242007No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
13-4218353

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

OSBORNE, TINA
2389 KNOLL DRIVE
SPRING HILL, FL 34608

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

**Filing Fee is \$50.00
Due by May 1, 2007**

000000737845
05/11/07-80043-016 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	P
NAME	OSBORNE, SCOTT
STREET ADDRESS	2389 KNOLL DR
CITY-ST-ZIP	SPRING HILL, FL 34608
TITLE	V
NAME	CALHOUN, WAYNE
STREET ADDRESS	PO BOX 8564
CITY-ST-ZIP	SPRING HILL, FL 34611
TITLE	MGRG
NAME	OSBORNE, TINA
STREET ADDRESS	2389 KNOLL DR
CITY-ST-ZIP	SPRING HILL, FL 34608
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

[Signature]

Tina Osborne

4-24-07 352-683-7722

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #