

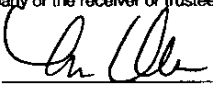


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 27, 2008 8:00 am
Secretary of State

03-27-2008 90087 015 ***138.75

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		
2. Principal Place of Business - No P.O. Box # 4116 Lamson Avenue Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Spring Hill, Florida Zip 34608		City & State Country USA		4. FEI Number 13-4218353	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		Applied For <input type="checkbox"/> Not Applicable			
6. Name and Address of Current Registered Agent OSBORNE, TINA 2389 KNOLL DRIVE SPRING HILL, FL 34608			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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  DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P OSBORNE, SCOTT 2389 KNOLL DR SPRING HILL, FL 34608	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CALHOUN, WAYNE PO BOX 6564 SPRING HILL, FL 34611	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRG OSBORNE, TINA 2389 KNOLL DR SPRING HILL, FL 34608	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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:  Tina Osborne		3-25-08 352-683-7722 Date Daytime Phone #			