

DOCUMENT# L02000031621

Entity Name: CONTRACT AUDIT &amp; MANAGEMENT SERVICES, LLC

**Current Principal Place of Business:**

**New Principal Place of Business:**

**Current Mailing Address:****New Mailing Address:**

FEI Number: 20-1795702      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

REDARD, DENNIS R  
1717 N. BAYSHORE DR., STE. 215  
MIAMI, FL 33132 US

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

BEDARD, DENNIS R  
1717 N. BAYSHORE DR., STE. 215  
MIAMI, FL 33132 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: DENNIS BEDARD

10/26/2004

Electronic Signature of Registered Agent

Date \_\_\_\_\_

**MANAGING MEMBERS/MEMBERS:**

Title: MGRM ( ) Delete  
Name: RUIZ, JEAN  
Address: 1717 N. BAYSHORE DR. UNIT 2956  
City-St-Zip: MIAMI, FL 33132

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: BEDARD, DENNIS R  
Address: 1717 N. BAYSHORE DR. UNIT 2956  
City-St-Zip: MIAMI, FL 33132

Title: MGRM (X) Delete  
Name: DE CASABIANCA, DIDIER  
Address: 346 RUE ST. HONORE / 75001  
City-St-Zip: PARIS FRANCE,

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: DENNIS BEDARD

MGRM

10/26/2004

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