

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000028042

FILED
Mar 28, 2006
Secretary of State

Entity Name: CALIBRATION MANAGEMENT SERVICES, LLC

Current Principal Place of Business:

3044 SCHERER DRIVE NORTH
ST. PETERSBURG, FL 33716

New Principal Place of Business:

Current Mailing Address:

3044 SCHERER DRIVE NORTH
ST. PETERSBURG, FL 33716

New Mailing Address:

FEI Number: 20-0125872

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TORRES, KEVIN
3044 SCHERER DRIVE NORTH
ST. PETERSBURG, FL 33716 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: P () Delete
Name: TORRES, KEVIN
Address: 3044 SCHERER DRIVE NORTH
City-St-Zip: SAINT PETERSBURG, FL 33716

Title: VP () Delete
Name: CUEVAS, JULIO A JR
Address: 3044 SCHERER DRIVE NORTH
City-St-Zip: SAINT PETERSBURG, FL 33716

ADDITIONS/CHANGES:

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 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: JULIO A CUEVAS JR

VP

03/28/2006

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