

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000024033

Entity Name: EXPERT SUPERVISOR, LLC

FILED  
Mar 11, 2008  
Secretary of State

## Current Principal Place of Business:

1607 VILLAGE SQUARE BLVD.  
SUITE #8  
TALLAHASSEE, FL 32309

## New Principal Place of Business:

1493 MARKET STREET  
TALLAHASSEE, FL 32312

## Current Mailing Address:

1607 VILLAGE SQUARE BLVD.  
SUITE #8  
TALLAHASSEE, FL 32309

## New Mailing Address:

1493 MARKET STREET  
TALLAHASSEE, FL 32312

FEI Number: 59-3359046

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

FOSTER, STEPHEN K  
1607 VILLAGE SQUARE BLVD.  
SUITE #8  
TALLAHASSEE, FL 32309 US

## Name and Address of New Registered Agent:

FOSTER, STEPHEN K  
1493 MARKET STREET  
TALLAHASSEE, FL 32312 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:

03/11/2008

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: CANOPY SOFTWARE, INC, .  
Address: 1607 VILLAGE SQUARE BLVD., SUITE #8  
City-St-Zip: TALLAHASSEE, FL 32309

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: CANOPY SOFTWARE, INC, .  
Address: 1493 MARKET STREET  
City-St-Zip: TALLAHASSEE, FL 32312

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: STEPHEN FOSTER FOR CANOPY SOFTWARE, INC.

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03/11/2008

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