

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000052040

**FILED**  
**Jan 12, 2012**  
**Secretary of State**

**Entity Name:** SCHMIDT TECHNICAL SERVICES LLC

**Current Principal Place of Business:**

3601 SE 18TH AVE.  
CAPE CORAL, FL 33904

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 100561  
CAPE CORAL, FL 33910

**New Mailing Address:**

**FEI Number:** 20-1285039

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PIACENTINO, MICHAEL  
629 SE 1ST PLACE  
CAPE CORAL, FL 33990 US

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

GALLAGHER, AMY M  
2602 PINE STREET  
MATLACHA, FL 33993 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: AMY M. GALLAGHER

01/12/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: SCHMIDT, ARTHUR H  
Address: 3601 SE 18TH AVE.  
City-St-Zip: CAPE CORAL, FL 33904

I hereby 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: ARTHUR H. SCHMIDT

MGR

01/12/2012

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