

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000068545

**FILED**  
**Jan 15, 2010**  
**Secretary of State**

**Entity Name:** SAM GODWIN TECHNICAL SERVICES, LLC

**Current Principal Place of Business:**

657 BEARD AVENUE  
SEBASTIAN, FL 32958

**New Principal Place of Business:**

657 BEARD AVE  
SEBASTIAN, FL 32958

**Current Mailing Address:**

P.O. BOX 780999  
SEBASTIAN, FL 329780999

**New Mailing Address:**

**FEI Number:** 20-1646594

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GODWIN, SAMUEL A  
657 BEARD AVENUE  
SEBASTIAN, FL 32978 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: MR.  
Name: GODWIN, SAMUEL A  
Address: 657 BEARD AVENUE  
City-St-Zip: SEBASTIAN, FL 32958

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: SAM GODWIN

PRES

01/15/2010

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