2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 14, 2009
Secretary of State

DOCUMENT# L05000014959

Entity Name: BURCHFIELD COMPUTER SERVICES, LLC

Current Principal Place of Business:

1960 U.S. 1 SOUTH, PMB 347
ST. AUGUSTINE, FL 32086

New Principal Place of Business:

Current Mailing Address:

1960 U.S. 1 SOUTH
PMB 347
ST. AUGUSTINE, FL 32086

New Mailing Address:

1960 U.S. 1 SOUTH, PMB 347
ST. AUGUSTINE, FL 32086

FEI Number: 20-2405310 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BURCHFIELD, CARL W III
4632 LEGENDS LANE
ELKTON, FL 32033 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: MGR ( ) Delete
Name: BURCHFIELD, CARL W III
Address: 4632 LEGENDS LANE
City-St-Zip: ELKTON, FL 32033

Title: MGRM ( ) Delete
Name: BURCHFIELD, ROSARIO L
Address: 4632 LEGENDS LANE
City-St-Zip: ELKTON, FL 32033

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 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: CARL W. BURCHFIELD III MGR 01/14/2009

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