

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000014959

**FILED**  
**Feb 26, 2011**  
**Secretary of State**

**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:**

**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  
**Name:** BURCHFIELD, CARL W III  
**Address:** 4632 LEGENDS LANE  
**City-St-Zip:** ELKTON, FL 32033

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

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:** CARL W. BURCHFIELD III

MGR

02/26/2011

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