

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000085168

Entity Name: CAD COM PRO, LLC

**FILED**  
**Feb 27, 2012**  
**Secretary of State**

## **Current Principal Place of Business:**

11363 AMBOY STREET  
SPRING HILL, FL 34609 US

## **New Principal Place of Business:**

1090 DAGMAR AVENUE  
SPRING HILL, FL 34606 US

## **Current Mailing Address:**

11363 AMBOY STREET  
SPRING HILL, FL 34609 US

## **New Mailing Address:**

1090 DAGMAR AVENUE  
SPRING HILL, FL 34606 US

FEI Number: 26-0753983

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

PIERCE, TIMOTHY M  
11363 AMBOY STREET  
SPRING HILL, FL 34609 US

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

PIERCE, TIMOTHY M  
1090 DAGMAR AVENUE  
SPRING HILL, FL 34606 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: TIMOTHY M PIERCE

02/27/2012

Electronic Signature of Registered Agent

Date

## **MANAGING MEMBERS/MANAGERS:**

Title: P  
Name: PIERCE, TIMOTHY M  
Address: 1090 DAGMAR AVENUE  
City-St-Zip: SPRING HILL, FL 34606 US

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: TIMOTHY M PIERCE

P

02/27/2012

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