

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000089055

**FILED**  
**Feb 23, 2010**  
**Secretary of State**

**Entity Name:** COMPUTER AIDED MAPPING SERVICES, LLC

**Current Principal Place of Business:**

12702 CHARITY HILL CT  
RIVERVIEW, FL 33569

**New Principal Place of Business:**

11714 GROVE ARCADE DRIVE  
RIVERVIEW, FL 33569

**Current Mailing Address:**

12702 CHARITY HILL CT  
RIVERVIEW, FL 33569

**New Mailing Address:**

11714 GROVE ARCADE DRIVE  
RIVERVIEW, FL 33569

**FEI Number:** 30-0439004

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GALBREATH, SERENA  
12702 CHARITY HILL CT  
RIVERVIEW, FL 33569 US

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

GALBREATH, SERENA  
11714 GROVE ARCADE DRIVE  
RIVERVIEW, FL 33569 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:

02/23/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: GALBREATH, SERENA  
Address: 11714 GROVE ARCADE DRIVE  
City-St-Zip: RIVERVIEW, FL 33569

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: SERENA GALBREATH

MGR

02/23/2010

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