

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000092415

**FILED**  
**Apr 20, 2010**  
**Secretary of State**

**Entity Name:** ADVANCED MEDIA DESIGN SYSTEMS, LLC

**Current Principal Place of Business:**

2503 NORTH PALAFOX STREET  
PENSACOLA, FL 32501

**New Principal Place of Business:**

**Current Mailing Address:**

2503 NORTH PALAFOX STREET  
PENSACOLA, FL 32501

**New Mailing Address:**

**FEI Number:** 26-0879289

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

VANCE, ROBERT E  
251 FAIRPOINT DRIVE  
GULF BREEZE, FL 32561 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:** VANCE, ROBERT E  
**Address:** 251 FAIRPOINT DRIVE  
**City-St-Zip:** GULF BREEZE, FL 32561

**Title:** MGR  
**Name:** LAWSON, HENRY L  
**Address:** 2378 OSPREY DRIVE  
**City-St-Zip:** GULF BREEZE, FL 32563

**Title:** MGR  
**Name:** SMITH, BRIAN K  
**Address:** 2503 NORTH PALAFOX STREET  
**City-St-Zip:** PENSACOLA, FL 32501

**Title:** MGR  
**Name:** ST. PIERRE, ROBERT A  
**Address:** 2503 NORTH PALAFOX STREET  
**City-St-Zip:** PENSACOLA, FL 32501

**Title:** MGR  
**Name:** DANTIN, MITCHEL A  
**Address:** 2503 NORTH PALAFOX STREET  
**City-St-Zip:** PENSACOLA, FL 32501

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:** ROBERT E. VANCE

MGR

04/20/2010

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