

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000007186

FILED
May 01, 2009
Secretary of State

Entity Name: MAP RELOCATION SERVICES, LLC

Current Principal Place of Business:

735 ALMOND STREET
SUITE C
CLERMONT, FL 34711

New Principal Place of Business:

Current Mailing Address:

735 ALMOND STREET
SUITE C
CLERMONT, FL 34711

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

KOLB, WILLIAM
1919 SUNSET LANE
SUITE C
CLERMONT, FL 34711 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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

ADDITIONS/CHANGES:

Title: MGR () Delete
Name: KOLB, WILLIAM F
Address: 1919 SUNSET LANE
City-St-Zip: CLERMONT, FL 34711

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: WILLIAM F. KOLB

MGR

05/01/2009

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