

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000110182

Entity Name: VIRTUAL BIM SOLUTIONS, LLC

**FILED**  
**Apr 30, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

12839 CARRINGTON CIRCLE  
201  
NAPLES, FL 34105 US

**New Principal Place of Business:**

**Current Mailing Address:**

12839 CARRINGTON CIRCLE  
201  
NAPLES, FL 34105 US

**New Mailing Address:**

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

WATTS, CHAD  
12839 CARRINGTON CIRCLE  
201  
NAPLES, FL 34105 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: MGRM  
Name: WATTS, CHAD  
Address: 12839 CARRINGTON CIRCLE, #201  
City-St-Zip: NAPLES, FL 34105 US

Title: MGRM  
Name: SHEBERT, JASON  
Address: 2427 RAVENNA BLVD., #201  
City-St-Zip: NAPLES, FL 34109 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: JASON SHEBERT

MGRM

04/30/2011

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