

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000064261

**FILED**  
**Apr 13, 2012**  
**Secretary of State**

**Entity Name:** PROPERTY INVENTORY MANAGMENT SYSTEMS, L.L.C.

**Current Principal Place of Business:**

978 SOUTH TOWN AND RIVER DRIVE  
FORT MYERS, FL 33919

**New Principal Place of Business:**

978 S. TOWN AND RIVER DRIVE  
FORT MYERS, FL 33919

**Current Mailing Address:**

978 SOUTH TOWN AND RIVER DRIVE  
FORT MYERS, FL 33919

**New Mailing Address:**

978 S. TOWN AND RIVER DRIVE  
FORT MYERS, FL 33919

**FEI Number:** 45-2432890

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

AMBROSE, BONNIE K  
978 SOUTH TOWN AND RIVER DRIVE  
FORT MYERS, FL 33919 US

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

AMBROSE, BONNIE K  
978 S. TOWN AND RIVER DRIVE  
FORT MYERS, FL 33919 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:

04/13/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MS.  
Name: SEAGREN, CHRISTINE R  
Address: 978 S. TOWN AND RIVER DR.  
City-St-Zip: FORT MYERS, FL 33919

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: BONNIE AMBROSE

PRES

04/13/2012

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