

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000002937

FILED
Apr 27, 2007
Secretary of State

Entity Name: COMPUTER EVIDENCE SPECIALISTS, LLC

Current Principal Place of Business:

41715 SE 101ST STREET
NORTH BEND, WA 98045

New Principal Place of Business:

4320 A1A SOUTH
SUITE 4
SAINT AUGUSTINE, FL 32080

Current Mailing Address:

41715 SE 101ST STREET
NORTH BEND, WA 98045

New Mailing Address:

4320 A1A SOUTH
SUITE 4
SAINT AUGUSTINE, FL 32080

FEI Number: 91-2200445

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

FLOREZ, CARL
4320 A1A SOUTH, STE. 4
ST. AUGUSTINE, FL 32080 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 () Delete
Name: FLOREZ, CARL
Address: 41715 SE 101ST STREET
City-St-Zip: NORTH BEND, WA 98045

Title: MGRM () Delete
Name: FLOREZ, CAROL
Address: 41715 SE 101ST STREET
City-St-Zip: NORTH BEND, WA 98045

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: FLOREZ, CARL
Address: 4320 A1A SOUTH
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: MGRM (X) Change () Addition
Name: FLOREZ, CAROL
Address: 4320 A1A SOUTH
City-St-Zip: SAINT AUGUSTINE, FL 32080

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: CARL FLOREZ

MGRM

04/27/2007

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