

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M06000002937

**FILED**  
**Jan 26, 2012**  
**Secretary of State**

**Entity Name:** COMPUTER EVIDENCE SPECIALISTS, LLC

**Current Principal Place of Business:**

4320 A1A SOUTH  
SUITE 4  
SAINT AUGUSTINE, FL 32080

**New Principal Place of Business:**

5315 A1A SOUTH  
SAINT AUGUSTINE, FL 32080

**Current Mailing Address:**

4320 A1A SOUTH  
SUITE 4  
SAINT AUGUSTINE, FL 32080

**New Mailing Address:**

5315 A1A SOUTH  
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:**

FLOREZ, CARL  
5315 A1A SOUTH  
ST. AUGUSTINE, FL 32080 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: CARL FLOREZ

01/26/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: FLOREZ, CARL  
Address: 5315 A1A SOUTH  
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: MGRM  
Name: FLOREZ, CAROL  
Address: 5315 A1A SOUTH  
City-St-Zip: SAINT AUGUSTINE, FL 32080

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: CARL FLOREZ

PRES

01/26/2012

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