

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000151872

**Entity Name:** MAPITOM LLC

**Current Principal Place of Business:**

43 GRANDVIEW AVE  
LEXINGTON, MA 02421

**Current Mailing Address:**

43 GRANDVIEW AVE  
LEXINGTON, MA 02421

**FEI Number:** 46-1504519

**Certificate of Status Desired:** No

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

AGRANOVICH, LEV  
3509 49TH ST W.  
LEHIGH ACRES, FL 33971 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

**Authorized Person(s) Detail :**

Title	MGRM	Title	MGRM
Name	SHTILMAN, LEONID	Name	MINKIN, IRINA
Address	43 GRANDVIEW AVE	Address	43 GRANDVIEW AVE
City-State-Zip:	LEXINGTON MA 02421	City-State-Zip:	LEXINGTON MA 02421

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** IRINA MINKIN

**MEMBER**

**02/27/2016**

\_\_\_\_\_ Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date