

2015 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
Name SHTILMAN, LEONID
Address 43 GRANDVIEW AVE
City-State-Zip: LEXINGTON MA 02421

Title MGRM
Name MINKIN, IRINA
Address 43 GRANDVIEW AVE
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

MANAGER

03/09/2015

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date