P68000009600

(Re	questor's Name)	٠
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PICK-UP	WAIT	MAIL
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Certified Copies	Certificates	s of Status
Special Instructions to	Hiling Officer:	

Office Use Only



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00000000 PLEASE CALL WHE Requester's Name 106 East College Avenue, Suite 1200 Address 224-9634 TALLAHASSEE, FL City/State/Zip Phone # CALL Phy IIIS When Ready to Pick-up Office Use Only CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): 98000009600 (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) Walk in Pick up time Certified Copy Mail out Photocopy Will wait Certificate of Status **NEW FILINGS AMENDMENTS** Amendment Profit Not for Profit Resignation of R.A., Officer/Director

- Limited Liability
- Domestication
- Other

OTHER FILINGS

- Annual Report .
- Fictitious Name

- Change of Registered Agent #600
- Dissolution/Withdrawal
 - Merger

REGISTRATION/QUALIFICATION

- ☐ Foreign
- Limited Partnership
- Reinstatement
- Trademark
- Other

10-9-07

Examiner's Initials

CR2EO31(7/97)

Akerman Senterfitt

SunTrust Financial Centre, Suite 1700 401 E. Jackson Street Tampa, Florida 33602-5250

www.akerman.com

813 223 7333 tel 813 223 2837 fax

Gregory M. Karch, Paralegal 813 209 5092 dir tel gregory.karch@akerman.com

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Tampa
Tysons Corner
Washington, DC
West Palm Beach

October 8, 2007

Via Federal Express

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

Re:

LCM Imaging, Inc. - Ref. Number: P98000009600

Our file no: 38862-164027

Dear Sir/Madam:

In response to your letter dated May 30, 2007 regarding the status of the registered agent for LCM Imaging, Inc., enclosed is a Statement of Change of Registered Agent along with a check in the amount of \$635 for the change in registered agent fee (\$35) and the fee for reinstatement (\$600).

For your reference, I have also enclosed a copy of the May 30, 2007 letter.

Should you have any questions or concerns regarding the enclosed, please contact me directly at (813) 209-5092.

Respectfully,

Gregory M. Karch

Paralegal

gmk Enclosures



FLORIDA DEPARTMENT OF STATE Division of Corporations

May 30, 2007

LCM IMAGING, INC. 6800 SOUTHPOINT PKWY JACKSONVILLE, FL 32216

SUBJECT: LCM IMAGING, INC. Ref. Number: P98000009600

RECEIVED

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DEPARTMENT OF STATE OF STA

Our records indicate the registered agent for the above named corporation resigned on May 29, 2007 and that the corporation currently does not have a registered agent designated.

Chapter 607/617, Florida Statutes, requires this office to give 60 days notice of our intent to dissolve a corporation for failure to appoint and maintain a registered agent.

This letter is our notice of intent to dissolve the above named corporation 60 days from the date of this letter if a registered agent is not properly designated.

Please designate a new registered agent by doing one of the following: 1) complete the enclosed registered agent designation form, 2) file the current year annual report (if applicable) or 3) file an amended annual report (again, if applicable). Each one of these filings must be submitted with the appropriate filing fee.

If you should need any further information, please contact our office at (850) 245-6050.

Carol Mustain
Document Specialist
Division of Corporations

Letter number: 607A00037202

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	provisions of sections 607.0502, 617.050. inge is submitted for a corporation organ. r to change its registered office or régiste	ized under the laws	of the State of Flor	ida		
		reu ageni, or boin, i	n ine siale of Flori	ии.		
	the corporation: LCM Imaging, Inc.	lacksonville El 322	16			
2. The principal	office address: 6800 Southpoint Pkwy., J	acksonville, PL 322	10			
3. The mailing a	ddress (if different): 6800 Southpoint Pl	kwy., Jacksonville,	FL 32216			
4. Date of incorp	poration/qualification: 01/30/1998	Document nur	nber: P980000096	500		
	I street address of the current registered at tment of State:	gent and registered o	office on file with th	e	·	
	None.			J. SEC	07(
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6. The name and (if changed):	street address of the new registered agen	t (if changed) and /c	or registered office	STATE	1:37	C
	American Information Services,	THE JOSEPH W	1. N. RUGG			
	401 East Jackson Street, Suite	1700				
	(P.O. Box NOT acceptable)					
	Tampa, FL 33602					
The street address changed will	ess of its registered office and the street be identical.	address of the busin	ness office of its re	gistered a	agent,	
Such change was authorized by the	as authorized by resolution duly adopted ne board, or the corporation has been no	d by its board of dir tified in writing of	ectors or by an off the change.	icer so		
A. Signat	fre of an officer or director)	Amir Glogau	CEO/Presi	dent		
I hereby accept I further agree of my duties, an document is bei corporation has	the appointment as registered agent an to comply with the provisions of all stat and I am familiar with and accept the obl ing filed merely to reflect a change in the been notified in writing of this change.	d agree to act in th utes relative to the igation of my positi e registered office a	is capacity proper and comple on as registered ag address, I hereby c	te perfor zent. Or, onfirm th	mance if this at the	
	gnature of Registered Agen()	10/	08/07 (Date)			
If signing on be	chalf of an entity:					
Joseph W. N.	Rugg Typed or Printed Name)					

* * * FILING FEE: \$35.00 * * *