

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000151711

Entity Name: EGP DOCUMENT SOLUTIONS, LLC**Current Principal Place of Business:**1420 W. WASHINGTON STREET
ORLANDO, FL 32805**Current Mailing Address:**1420 W. WASHINGTON STREET
ORLANDO, FL 32805 US**FEI Number:** 47-5113862**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 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 AMBR
Name KYOCERA DOCUMENT SOLUTIONS
AMERICA, INC.
Address 225 SAND RD
City-State-Zip: FAIRFIELD NJ 07004

Title MANAGER
Name MAIMONE, NICHOLAS
Address 225 SAND ROAD
City-State-Zip: FAIRFIELD NJ 07004

Title CEO
Name INA, NORIHIKO
Address 225 SAND ROAD
City-State-Zip: FAIRFIELD NJ 07004

Title CFO
Name GURSKY, THOMAS
Address 1420 W. WASHINGTON STREET
City-State-Zip: ORLANDO FL 32805

Title MANAGER
Name INA, NORIHIKO
Address 225 SAND ROAD
City-State-Zip: FAIRFIELD NJ 07004

Title MANAGER
Name YAMADA, SEIJI
Address 225 SAND ROAD
City-State-Zip: FAIRFIELD NJ 07004

Title PRESIDENT
Name DUPREE, DOUGLAS
Address 1420 W. WASHINGTON STREET
City-State-Zip: ORLANDO FL 32805

Title TREASURER
Name MAIMONE, NICHOLAS
Address 225 SAND ROAD
City-State-Zip: FAIRFIELD NJ 07004

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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: CALVIN ROSEN**SECRETARY****01/26/2016**

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

Title	SECRETARY
Name	ROSEN, CALVIN
Address	225 SAND ROAD
City-State-Zip:	FAIRFIELD NJ 07004