

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 07, 2004 8:00 am
Secretary of State

05-07-2004 90003 029 ****50.00

DOCUMENT # L01000008705

1. Entity Name
TOTAL IMAGING OF SUN CITY, L.L.C.



Principal Place of Business
**3862 SUN CITY CENTER BLVD.
SUN CITY CENTER, FL 33573**

Mailing Address
**122 LINSLEY AVE
SUITE
BRANDON, FL 33573**



2. Principal Place of Business

3. Mailing Address

122 Linsley Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite A

04052004 Chg-LLC CR2E083 (10/03)

City & State

City & State

Brandon, FL

4. FEI Number
59-3721657

Applied For
Not Applicable

Zip

Country

Zip

Country

33511

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WYLIE, WARREN II
122 LINSLEY AVE. SUITE A
BRANDON, FL 33511**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2004**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE ☐ Delete
NAME **P**
STREET ADDRESS **NANNI, M. DOUGLASS MD**
CITY-ST-ZIP **737 N BRANDON BLVD
BRANDON, FL 33511**

TITLE ☒ Change ☐ Addition
NAME **m6R**
STREET ADDRESS **122 Linsley Ave, Str A**
CITY-ST-ZIP **Brandon, FL 33511**

TITLE ☐ Delete
NAME **VP**
STREET ADDRESS **SILVERSTEIN, JONATHAN MD**
CITY-ST-ZIP **737 N BRANDON BLVD
BRANDON, FL 33511**

TITLE ☒ Change ☐ Addition
NAME **m6R**
STREET ADDRESS **122 Linsley Ave, Str A**
CITY-ST-ZIP **Brandon, FL 33511**

TITLE ☐ Delete
NAME **T**
STREET ADDRESS **BEKHOR, DAVID**
CITY-ST-ZIP **3505 BERGER RD.
LUTZ, FL 33548**

TITLE ☒ Change ☐ Addition
NAME **m6R**
STREET ADDRESS **122 Linsley Ave, Str A**
CITY-ST-ZIP **Brandon, FL 33511**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

M. Douglas Nanni **M. Douglas Nanni**

4/6/04

(813) 657-4914

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #