

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90150 004 \*\*\*\*50.00

**DOCUMENT # L01000022027**

1. Entity Name  
INFOTECH INTERNATIONAL, LLC.



Principal Place of Business  
228 ARLINGTON ROAD  
JACKSONVILLE, FL 32211

Mailing Address  
1901 SERVICE STREET  
JACKSONVILLE, FL 32207

**24064497**



04192004 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
80-0003920

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

HARRELL, WILLIAM H  
1901 SERVICE STREET  
JACKSONVILLE, FL 32207

**DO NOT WRITE  
IN THIS SPACE**

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**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGRM
NAME	HARRELL, WILLIAM H
STREET ADDRESS	1901 SERVICE STREET
CITY-ST-ZIP	JACKSONVILLE, FL 32207
TITLE	MGRM
NAME	ALLCORN, FRANK W III
STREET ADDRESS	1901 SERVICE STREET
CITY-ST-ZIP	JACKSONVILLE, FL 32207
TITLE	MGRM
NAME	CAVEN, JOHN W III
STREET ADDRESS	1901 SERVICE STREET
CITY-ST-ZIP	JACKSONVILLE, FL 32207
TITLE	S.T
NAME	JANICE M. Antico
STREET ADDRESS	1901 SERVICE STREET
CITY-ST-ZIP	JACKSONVILLE, FL 32207
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:**

*William H Harrell*

*4/26/04*

*(904)398-7177*

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

Date

Daytime Phone #