

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 05, 2006 8:00 am**  
**Secretary of State**

05-05-2006 90028 022 \*\*\*\*50.00

DOCUMENT # L01000022027

1. Entity Name  
INFOTECH INTERNATIONAL, LLC.



Principal Place of Business  
3401 PHILIPS HWY  
JACKSONVILLE, FL 32207 US

Mailing Address  
3401 PHILIPS HWY  
JACKSONVILLE, FL 32207 US



04212006No Chg-LLC

CR2E083 (11/05)

**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  
3401 PHILIPS HWY  
JACKSONVILLE, FL 32207

*John W. Caven III*  
*3401 Philips Highway*  
*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 *John W. Caven III*

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

(NOTE: Registered Agent signature required when reinstating)

4-26-06

DATE

**Filing Fee is \$50.00**  
**Due by May 1, 2006**

## 9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	HARRELL, WILLIAM H
STREET ADDRESS	3401 PHILIPS HWY
CITY-ST-ZIP	JACKSONVILLE, FL 32207
TITLE	MGRM
NAME	ALLCORN, FRANK W III
STREET ADDRESS	3401 PHILIPS HWY
CITY-ST-ZIP	JACKSONVILLE, FL 32207
TITLE	MGRM
NAME	CAVEN, JOHN W III
STREET ADDRESS	3401 PHILIPS HWY
CITY-ST-ZIP	JACKSONVILLE, FL 32207
TITLE	ST
NAME	ANTICIA JAMISON
STREET ADDRESS	3401 PHILIPS HWY
CITY-ST-ZIP	JACKSONVILLE, FL 32207
TITLE	LAWRENCE MCKNIGHT
NAME	3401 PHILIPS HIGHWAY
STREET ADDRESS	JACKSONVILLE, FL 32207
CITY-ST-ZIP	JACKSONVILLE, FL 32207
TITLE	TREASURER
NAME	ANTICIA JAMISON
STREET ADDRESS	3401 PHILIPS HWY
CITY-ST-ZIP	JACKSONVILLE, FL 32207

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *John W. Caven III*

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

4-26-06

Date

904-338-9234

Daytime Phone #