

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000005707

FILED
Apr 30, 2007
Secretary of State

Entity Name: EFISION, L.L.C.

Current Principal Place of Business:

34350 U.S. HIGHWAY 19 NORTH
PALM HARBOR, FL 34684

New Principal Place of Business:

5400 TECH DATA DRIVE
CLEARWATER, FL 33760

Current Mailing Address:

34350 U.S. HIGHWAY 19 NORTH
PALM HARBOR, FL 34684

New Mailing Address:

5400 TECH DATA DRIVE
CLEARWATER, FL 33760

FEI Number: 20-0229156

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HAKIM, JEAN F
5400 TECH DATA DR
CLEARWATER, FL 33760 US

Name and Address of New Registered Agent:

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

MANAGING MEMBERS/MANAGERS:

Title: D () Delete
Name: MOYERS, GRANT
Address: 5400 TECH DATA DR
City-St-Zip: CLEARWATER, FL 33760

Title: D () Delete
Name: JANDA, RICHARD
Address: 5400 TECH DATA DR
City-St-Zip: CLEARWATER, FL 33760

Title: MGR () Delete
Name: HAKIM, ARMIN
Address: 5400 TECH DATA DR
City-St-Zip: CLEARWATER, FL 33760

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: JEAN HAKIM

D

04/30/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date