

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

4/21

FILED
Jun 09, 2003 8:00 am
Secretary of State

04-28-2003 90089 037 ****50.00

DOCUMENT # L02000017896					
1. Entity Name DIGITAL IMAGING INFRARED, LLC					
Principal Place of Business 174 SEMORAN COMMERCE PLACE, SUITE 111 APOPKA FL 32703			Mailing Address 174 SEMORAN COMMERCE PLACE, SUITE 111 APOPKA FL 32703		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 22-3856799	
				☐ Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required					
6. Name and Address of Current Registered Agent ELLIS, SETH D 174 SEMORAN COMMERCE PLACE, SUITE 111 APOPKA FL 32703			7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Managing Member ☐ Delete Seth D. Ellis 34041 Park View Ave Eustis, FL 32730		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager ☐ Delete James B. Van Ande 2403 Sweetwater CC Place Apopka, FL 32712		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager ☐ Delete Jonathan D. Van Ande 1375 Blackwillow Trail Altamonte Springs, FL 32714		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager ☐ Delete William A. Drafts 1445 Valley Pine Cir. Apopka, FL 32712		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager ☐ Delete David J. Beckman 1210 Ridge Rd. Longwood, FL 32750		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager ☐ Delete Michael J. Beckman 1210 Ridge Rd. Longwood, FL 32750		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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: <i>[Signature]</i>			4/22/03 407-884-0202 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		

CR2E083 (10/02)