

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000021438

FILED  
Apr 08, 2008  
Secretary of State

**Entity Name:** DOCUMENT TECHNOLOGIES OF NORTH CENTRAL FLORIDA, LLC

**Current Principal Place of Business:**

124 S. MAGNOLIA AVENUE  
OCALA, FL 34474

**New Principal Place of Business:**

124 S. MAGNOLIA AVENUE  
OCALA, FL 34471

**Current Mailing Address:**

124 S. MAGNOLIA AVENUE  
OCALA, FL 34474

**New Mailing Address:**

124 S. MAGNOLIA AVENUE  
OCALA, FL 34471

**FEI Number:** 16-1623346

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SCHROEDER, WILLIAM S JR.  
3 CREEKVIEW WAY  
ORMOND BEACH, FL 32174 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: MGRM ( ) Delete  
Name: SCHROEDER, WILLIAM S JR.  
Address: 3 CREEKVIEW WAY  
City-St-Zip: ORMOND BEACH, FL 32174

Title: MGR ( ) Delete  
Name: SCHROEDER, LYNN S  
Address: 3 CREEKVIEW WAY  
City-St-Zip: ORMOND BEACH, FL 32174 US

**ADDITIONS/CHANGES:**

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:** WILLIAM S. SCHROEDER JR.

MGRM

04/08/2008

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