

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90078 023 ****50.00

DOCUMENT # L03000006671

1. Entity Name

AUTOMATED IMAGING SYSTEMS, L.L.C.



Principal Place of Business

12424 RESEARCH PKWY., STE. 454
ORLANDO FL 32826

Mailing Address

12424 RESEARCH PKWY., STE. 454
ORLANDO FL 32826

2. Principal Place of Business

3700 - 34th St
Suite, Apt. #, etc.
100 E

3. Mailing Address

P.O. Box 691285
Suite, Apt. #, etc.



MOORE

CR2E083 (11/03)

City & State

Orlando, FL

City & State

Orlando FL

4. FEI Number

34-1975118

Applied For

Not Applicable

Zip

32805

Country

Orange

Zip

32869

Country

Orange

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LYLEN, IAN J
KORSHAK & BEAULIUE
2345 SAND LAKE RD., STE. 120
ORLANDO FL 32809

Name

David Huibregtse

Street Address (P.O. Box Number is Not Acceptable)

3700 34th St Suite 100E

City

Orlando

FL

Zip Code

32805

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete
NAME HUIBREGTSE, DAVID
STREET ADDRESS 10935 RUSHWOOD WAY
CITY-ST-ZIP CLERMONT FL 34711

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGR ☐ Delete
NAME MANCINI, EDWARD MARIO
STREET ADDRESS 13 IDLEWOOD
CITY-ST-ZIP BETHEL CT 06901

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 9 oak Ridge Rd
CITY-ST-ZIP Bethel, CT 06801

TITLE MGR ☐ Delete
NAME SAENGDEEJING, APIWAT
STREET ADDRESS 3319 HOSKINS HOLLER, APT. C
CITY-ST-ZIP ORLANDO FL 32826

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

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

04/15/04

Date

Daytime Phone #

321-228-2701