

L030000009305

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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2004 JAN 28 PM 1:48  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

WLO 1/28/05



December 6, 2004

Registration Section  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

Re: Dimensions Imaging Services, LLC

LO3-9305

Dear Sirs:

Enclosed are a Statement of Change of Registered Agent for Dimensions Imaging Services, LLC and our check in the amount of \$25.00 for the required filing fee in connection with this change.

Please return all correspondence concerning this matter to the following:

Thomas M. Hartnett  
Chief Financial Officer  
Aperio Services, L.L.C.  
950 South Tamiami Trail, Suite 102  
Sarasota, FL 34236

For further information regarding this matter, feel free to contact me at 941-955-2885.  
Thank you for your prompt attention to this matter.

Best regards,

Thomas M. Hartnett

Enclosures

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

January 14, 2005

THOMAS M. HARTNETT, CHIEF FINANCIAL OFFICER  
APERIO SERVICES, L.L.C.  
950 SOUTH TAMiami TRAIL, SUITE 102  
SARASOTA, FL 34236

SUBJECT: DIMENSIONS IMAGING SERVICES, LLC  
Ref. Number: L03000009305

We have received your document for DIMENSIONS IMAGING SERVICES, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6958.

Lee Rivers  
Document Specialist

Letter Number: 005A00002942

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR  
BOTH FOR LIMITED LIABILITY COMPANY**

*Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.*

1. The name of the limited liability company is: Dimensions Imaging Services, LLC
2. The mailing address of the limited liability company is : 950 South Tamiami Trail, Suite 102  
Sarasota, FL 34236

March 13, 2003

L03000009305

3. Date of filing/registration in Florida
4. Document number
5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

K. Robert Wisner

Name

950 South Tamiami Trail, Suite 102

Address

Sarasota, FL 34236

City, State and Zip

6. The name and address of the new registered agent and/or office:

Thomas M. Hartnett

Name

950 South Tamiami Trail

Florida street address (P.O. Box NOT acceptable)

Sarasota

FL 34236

City, State and Zip

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TALLAHASSEE, FLORIDA

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Mark P. Kays  
(Signature of a member or authorized representative of a member)

Mark J. C. 1266  
(Printed or typed name of signee)

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

Thomas M. Hartnett  
(Signature of Registered Agent)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314