

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

04 APR 22 AM 7:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MJH

DOCUMENT # L03000013483

1. Entity Name
IMAGING CONSULTANTS, L.L.C.



Principal Place of Business
4042 E COUNTY HWY 30A, SUITE E
SEAGROVE BEACH, FL 32459

Mailing Address
4042 E COUNTY HWY 30A, SUITE E
SEAGROVE BEACH, FL 32459

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02232004

Chg-LLC

CR2E083 (10/03)

4/22

4. FEI Number

250231316

Applied For

Not Applicable

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

PANTSARI, WILLIAM J
4042 E COUNTY HWY 30A, SUITE E
SEAGROVE BEACH, FL 32459

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00
Due by May 1, 2004

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
President / Member
William J. Pantson
4042 E. Co. Hwy 30A Suite E
Seagrove Beach FL 32459

☐ Delete

TITLE
NAME
STREET ADDRESS
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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:

William J. Pantson

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

3/24/04

Date

Daytime Phone #