

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000018986

Entity Name: IMAGEWISE LLC

FILED  
Jun 01, 2009  
Secretary of State

**Current Principal Place of Business:**

16531 BLATT BLVD  
WESTON, FL 33326

**New Principal Place of Business:**

**Current Mailing Address:**

16531 BLATT BLVD  
WESTON, FL 33326

**New Mailing Address:**

FEI Number: 36-4580045      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

VAZQUEZ, HECTOR  
1820 N. CORPORATE BLVD  
SUITE 203  
WESTON, FL 33326 US

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: MATOS, RAUL  
Address: 16670 HEMINGWAY DRIVE  
City-St-Zip: WESTON, FL 33326

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: MATOS, RAUL  
Address: 16351 BALTT BLVD  
City-St-Zip: WESTON, FL 33326

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: RAUL MATOS

MGR

06/01/2009

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