

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000043839

Entity Name: XEROGRAPHICS, LLC

FILED  
Jan 23, 2009  
Secretary of State

**Current Principal Place of Business:**

5109 W. LEMON STREET  
TAMPA, FL 33609

**New Principal Place of Business:**

5109 W. LEMON STREET  
TAMPA, FL 33607

**Current Mailing Address:**

5109 W. LEMON STREET  
TAMPA, FL 33609

**New Mailing Address:**

5109 W. LEMON STREET  
TAMPA, FL 33607

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

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

MARQUARDT, J. MATTHEW  
625 COURT STREET STE 625  
CLEARWATER, FL 33756 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: MGR ( ) Delete  
Name: DOYLE, DANIEL M JR  
Address: 5109 W. LEMON STREET  
City-St-Zip: TAMPA, FL 33609

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: DOYLE, DANIEL M JR  
Address: 5109 W. LEMON STREET  
City-St-Zip: TAMPA, FL 33607

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: DANIEL M. DOYLE, JR.

MGR

01/23/2009

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