

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000091667

**FILED**  
**Jan 08, 2010**  
**Secretary of State**

**Entity Name:** STEVENS & STEVENS IMAGING SOLUTIONS, LLC

**Current Principal Place of Business:**

1111 W. CASS ST  
STE A  
TAMPA, FL 33606

**New Principal Place of Business:**

11515 53RD STREET NORTH  
CLEARWATER, FL 33760

**Current Mailing Address:**

P.O. BOX 388  
PINELLAS PARK, FL 33780

**New Mailing Address:**

**FEI Number:** 20-5583527

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

STEVENS, RHETT  
111 W. CASS ST  
STE A  
TAMPA, FL 33606 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: MGRM  
Name: STEVENS, R. MARSHALL  
Address: 1059 42ND AVE NE  
City-St-Zip: SAINT PETERSBURG, FL 33703

Title: MGR  
Name: STEVENS, RHETT W  
Address: 1054 6TH AVE NE #527  
City-St-Zip: SAINT PETERSBURG, FL 33701

I hereby 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: R MARSHALL STEVENS

MGRM

01/08/2010

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