

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000094264

**FILED**  
**Feb 15, 2011**  
**Secretary of State**

**Entity Name:** MODULAR DOCUMENT SOLUTIONS, LLC

**Current Principal Place of Business:**

11300 LINDBERGH BLVD  
STE 104  
FT. MYERS, FL 339138827 US

**New Principal Place of Business:**

**Current Mailing Address:**

11300 LINDBERGH BLVD  
STE 104  
FT. MYERS, FL 339138827 US

**New Mailing Address:**

**FEI Number:** 20-5891078

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

OWENS, JAMES R SR.  
11300 LINDBERGH BLVD  
STE 104  
FT. MYERS, FL 339138827 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: MGMR  
Name: OWENS, JAMES R SR.  
Address: 11300 LINDBERGH BLVD, SUITE 104  
City-St-Zip: FT. MYERS, FL 339138827

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: JAMES R OWENS SR

MGRM

02/15/2011

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