6. Name and Address of Current Registered Agent       7. Name and Address of New Registered Agent         PERMIT RUNNER SERVICES, INC.       1515 DEER MOSS LANE         DELAND FL 32720       Street Address (P.O. Box Number is Not Acceptable)	() am
PHOTEOS ON DEMAND PACIENTES ELC  Principal Place of Business B727 OAK RIDGE COMMERCE WAY SW US  2. Principal Place of Business - Np PO Busic City & Sale City & Sa	te
BYZY OAK RIDGE COMMERCE WAY SW AUSTELL GA 30168       BYZY OAK RIDGE COMMERCE WAY SW USTELL GA 30168       BYZY OAK RIDGE COMMERCE WAY SW USTELL GA 30168         2. Principal Place of Business - No P O. Box * P: 1 * 1 * 1 * 1 * 1 * 1 * 1 * 1 * 1 * 1	00
AUSTELL GA 30168 AUSTELL GA 30168 SUBCLAGA 30168 C Principal Place of Business - No P.O. Box # Principal Place of Business - No P.O. Box # Principal Place of Business - No P.O. Box # Principal Place of Business - No P.O. Box # Principal Place of Business - No P.O. Box # Principal Place of Business - No P.O. Box # Principal Place of Business - No P.O. Box # Principal Place of Business - No P.O. Box # Principal Place of Business - No P.O. Box # Principal Place of Business - No P.O. Box # Principal Place of Business - No P.O. Box # Principal Place of Business - No P.O. Box # Principal Place of Business - No P.O. Box # Principal Place of Business - No P.O. Box # Principal Place of Status Desired Place P	
Suito. Apt. #. CIC.         1st MOORE         CR2E083 (10/C           Suito. Apt. #, CIC.         Suito. Apt. #, CIC.         1st MOORE         CR2E083 (10/C           City & State         City & State         4. FEI Number B O. DOB (0.2104)         Fei Pin           Zip         Country         Zip         Country         S. Cartificato of Status Dosined         Fei Pin           Zip         Country         S. Cartificato of Status Dosined         Fei Pin         Pin         Pin           6. Name and Address of Current Registered Agent         7. Name and Address of New Registered Agent         7. Name and Address of New Registered Agent           PERMIT         RUNNER SERVICES, INC. 1515 DEER MOSS LANE DELAND FL 32720         Sited Address (P.O. Box Number is Not Acceptable)         City         FL         Zit           SiGNATURE         Sited Address (P.O. Box Number is Not Acceptable)         City         FL         Zit         City         FL         Zit           SiGNATURE         Image Address (P.O. Box Number is Not Acceptable)         Make Check Payable to Florida Department of State Defailed agent. or both, in the State of Florida Lean familia         OHT           SiGNATURE         Image Address (P.O. Box Number is Not Acceptable)         DOTIONS/CHANCES         OHT           SiGNATURE         Image Address (P.O. Box Number is Not Acceptable)         DOTIONS/CHANCES	
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PERMIT RUNNER SERVICES, INC. 1515 DEEL MODS LANE DELAND FL 32720     Street Address (P.O. Box Number is Not Acceptable)       City     FL     Zity       City     FL     Zity       Street Address (P.O. Box Number is Not Acceptable)     City     FL       City     FL     Zity       Street Address (P.O. Box Number is Not Acceptable)     City     FL       Street Address (P.O. Box Number is Not Acceptable)     FL     Zity       Street Address (P.O. Box Number is Not Acceptable)     FL     Zity       Street Address of registered agent.     It is statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiat       Street Address (P.O. Box Number is Not Acceptable)     It is State of Florida Department of State       Street Address (P.O. Box Number is Not Acceptable)     It is State Address (P.O. Box Number is Not Acceptable)       Street Address of registered agent.     It is applicable is the purpose of changing its registered office or registered agent. or both, in the State of Florida. I am familiat       Street Address (P.O. Box Number is Not Acceptable)     It is State Address (P.O. Box Number is Not Acceptable)       Street Address (P.O. Box Number is Not Acceptable)     It is State Address (P.O. Box Number is Not Acceptable)       Street Address (P.O. Box Number is Not Acceptable)     It is Not Acceptable)       Street Address (P.O. Box Number is Not Acceptable)     It is Not Acceptable)    <	Additional vired
PERMIT RUNNER SERVICES, INC. 1515 DEER MOSS LANE DELAND FL 32720       Street Address (P.O. Box Number is Not Acceptable)         City       FL       Zit         City       FL       Zit         City       FL       Zit         Street Address (P.O. Box Number is Not Acceptable)       City       FL         City       FL       Zit         Street Address (P.O. Box Number is Not Acceptable)       City       FL         City       FL       Zit         Street Address (P.O. Box Number is Not Acceptable)       City       FL         City       FL       Zit       Zit         Street Address (P.O. Box Number is Not Acceptable)       FL       Zit       Zit         Street Address (P.O. Box Number is Not Acceptable)       FL       Zit       Zit         Street Address (P.O. Box Number is Not Acceptable)       FL       Zit       Zit         Street Address (P.O. Box Number is Not Acceptable)       FL       Zit       Zit </td <td></td>	
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the obligations of registered agent.           SIGNATURE           Signature, typed or privide rame of registered agent and the it appleable         (NOTE. Registered Agent Signature revertations)         DATE           FILE NOW!!! FEE IS \$50.00           Make Check Payable to Florida Department of State Due By May 1, 2007         ADDITIONS/CHANGES           IIIL         MGR         Detele         IIIL         ADDITIONS/CHANGES           IIIL         MGR         Detele         IIIL         MAIL         Clipse           VONHOF, HERMAN OWNER         MAIL         Detele         IIIL         MAIL         Clipse	
Signature, typed or privated organized agent and the it applicable         (NOTE: Regulated Agent signatured view retraining)         DATE           FILE NOW!!! FEE IS \$50.00           Make Check Payable to Florida Department of State Due By May 1, 2007         ADDITIONS/CHANGERS         10.         ADDITIONS/CHANGES           9.         MANAGING MEMBERS/MANAGERS         10.         ADDITIONS/CHANGES         Clive           INIL         MGR         Detele         IIIL         Clive         Clive           SIRELIADRES         241 PINE VALLEY RD         SIRELIADRESS         SIRELIADRESS         Clive SI /P           INIL         MGR         Detele         IIIL         Clive SI /P         Clive SI /P           INILE         MGR         Detele         IIIL         Clive SI /P         Clive SI /P           INILE         MGR         Detele         IIIL         Clive SI /P         Clive SI /P           INILE         MGR         Detele         IIIL         Clive SI /P         Clive SI /P           INILE         MARE         SIRELIADRESS         SIRELIADRESS         SIRELIADRESS         Clive SI /P           INIL         MARE         SIRELIADRESS         SIRELIADRESS         Clive SI /P         Clive SI /P           INIL         Detele	ith, and accopt
Make Check Payable to Florida Department of State Due By May 1, 2007       9.     MANAGING MEMBERS/MANAGERS     10.     ADDITIONS/CHANGES       IIILI     MGR     Delete     IIIH     Addition       SIRELI ADDRESS     241 PINE VALLEY RD     SIRELI ADDRESS     CITY SL 7/P       MARE     KELLER, JOHN PRES.     MARE     SIRELI ADDRESS       SIREL ADDRESS     SIRELI ADDRESS     CITY SL 7/P       MILE     MGR     Delete     IIIH       NAME     KELLER, JOHN PRES.     NAMI       SIREL ADDRESS     SIRELI ADDRESS     CITY SL 7/P       MILE     MGR     Delete     IIIH       NAME     KELLER, JOHN PRES.     NAMI       SIREL ADDRESS     SIRELI ADDRESS     CITY SL 7/P       VILLA RICA GA 30180     Delete     IIIH       NAME     SIREL I ADDRESS     CITY SL 7/P       IIIII     Delete     IIIH       NAME     SIREL I ADDRESS     SIREL I ADDRESS       CITY SL 7/P     VILLA RICA GA 30180     Delete     IIIH       NAME     SIREL I ADDRESS     SIREL I ADDRESS     SIREL I ADDRESS       CITY SL 7/P     CITY SL 7/P     CITY SL 7/P       IIIL     Delete     IIIH       NAME     SIREL I ADDRESS     SIRELI ADDRESS       CITY SL 7/P	<del>-</del>
9.     MANAGING MEMBERS/MANAGERS     10.     ADDITIONS/CHANGES       IITU     MGR     Delete     IITU     AMM       NAME     VONHOF, HERMAN OWNER     NAME     STRITADDRESS       SIRELTADDRESS     241 PINE VALLEY RD     STRITADDRESS       CITY SI-7/P     MARIETTA GA 30067     CITY SI 7/P       INTE     MGR     Delete     IIII       NAME     KELLER, JOHN PRES.     STRITADDRESS     STRITADDRESS       SIRELADDRESS     318 MANCHESTER LANE     CITY SI 7/P       IIII     Delete     IIII       NAME     KELLER, JOHN PRES.     STRITADDRESS       SIRELADDRESS     318 MANCHESTER LANE     CITY SI 7/P       IIIII     Delete     IIIII       NAME     STRITADDRESS     STRITADDRESS       SIRELADDRESS     STRITADDRESS     CITY SI 7/P       IIIII     Delete     IIIII       NAME     STRITADDRESS     CITY SI 7/P	
NAME     VONHOF, HERMAN OWNER     NAME       STREETADDRESS     241 PINE VALLEY RD     STREETADDRESS       CITY SI-7/P     MARIETTA GA 30067     CITY SI-7/P       IRTE     MGR     Delete     ITH       NAME     KELLER, JOHN PRES.     NAMI       STREETADDRESS     318 MANCHESTER LANE     STREETADDRESS       CITY SI-7/P     VILLA RICA GA 30180     CITY SI-7/P       ITH     Delete     ITH       NAME     STREETADDRESS     STREETADDRESS       STREETADDRESS     STREETADDRESS     CITY SI-7/P       ITH     Delete     ITH       NAME     STREETADDRESS     CITY SI-7/P       ITH     Delete     ITH       NAME     STREETADDRESS     CITY SI-7/P       ITH     Delete     ITH       NAME     STREETADDRESS     CITY SI-7/P	
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11. 1 hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that indicated on this report is true and accurate and that my signature shall have the same legal offect as if made under eath; that I am a managing member or limited liability company or the receiver or trustee enpowered to execute this report as required by Chapter 608, Florida Statutes.	ne information lanager of the
SIGNATURE: SIGNATURE AND TYPED OR PRINTED AME OF SHOWING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Date	e #

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