

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000100814

**FILED**  
**Mar 03, 2009**  
**Secretary of State**

**Entity Name:** SUDDATH OFFICE SOLUTIONS, LLC

**Current Principal Place of Business:**

815 S. MAIN STREET, 6TH FLOOR  
ATTN: LORI EISCHEN  
JACKSONVILLE, FL 32207

**New Principal Place of Business:**

815 S MAIN ST  
ATTN: LORI EISCHEN  
JACKSONVILLE, FL 32207

**Current Mailing Address:**

815 S. MAIN STREET, 6TH FLOOR  
ATTN: LORI EISCHEN  
JACKSONVILLE, FL 32207

**New Mailing Address:**

PO BOX 48088  
ATTN: LORI EISCHEN  
JACKSONVILLE, FL 32247

**FEI Number:** 01-0876080

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BARNETT, JAMES G  
815 S. MAIN STREET, 6TH FLOOR  
JACKSONVILLE, FL 32207 US

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

BARNETT, JAMES G  
815 S.MAIN ST  
JACKSONVILLE, FL 32207 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: \_\_\_\_\_

03/03/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: SUDDATH RELOCATION S, YSTEMS OF JACK S ONVILLE  
Address: 815 S. MAIN STREET  
City-St-Zip: JACKSONVILLE, FL 32207

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: JAMES G. BARNETT

MGR

03/03/2009

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