

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000074927

FILED  
May 14, 2010  
Secretary of State

Entity Name: OFFICE IMAGE SERVICES, LLC.

## Current Principal Place of Business:

931 NORTH STATE ROAD 434  
SUITE 1201-175  
ALTAMONTE SPRINGS, FL 32714 US

## Current Mailing Address:

931 NORTH STATE ROAD 434  
SUITE 1201-175  
ALTAMONTE SPRINGS, FL 32714 US

## New Principal Place of Business:

520 VIA VERONA LANE  
SUITE 103  
ALTAMONTE SPRINGS, FL 32714 US

## New Mailing Address:

520 VIA VERONA LANE  
SUITE 103  
ALTAMONTE SPRINGS, FL 32714 US

FEI Number: 30-0431979      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

## Name and Address of Current Registered Agent:

ST. ANDREW, KARL  
931 NORTH STATE ROAD 434  
SUITE 1201-175  
ALTAMONTE SPRINGS, FL 32714 US

## Name and Address of New Registered Agent:

ST. ANDREW, KARL  
520 VIA VERONA LANE  
SUITE 103  
ALTAMONTE SPRINGS, FL 32714 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: \_\_\_\_\_

Electronic Signature of Registered Agent

05/14/2010

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM  
Name: ST. ANDREW, KARL  
Address: 520 VIA VERONA LANE #103  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714 US

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: KARL ST. ANDREW

MR

05/14/2010

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