

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000074927

**FILED**  
**Apr 26, 2012**  
**Secretary of State**

**Entity Name:** OFFICE IMAGE SERVICES, LLC.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

410 SLUMBER LANE  
CASSELBERRY, FL 32707 US

**Current Mailing Address:**

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

**New Mailing Address:**

410 SLUMBER LANE  
CASSELBERRY, FL 32707 US

**FEI Number:** 30-0431979

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ST. ANDREW, KARL  
520 VIA VERONA LANE  
SUITE 103  
ALTAMONTE SPRINGS, FL 32714 US

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

ST. ANDREW, KARL  
410 SLUMBER LANE  
CASSELBERRY, FL 32707 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:

04/26/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: ST. ANDREW, KARL  
Address: 410 SLUMBER LANE  
City-St-Zip: CASSELBERRY, FL 32707 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

MGMR

04/26/2012

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