

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000079728

**FILED**  
**Apr 28, 2010**  
**Secretary of State**

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

**Current Principal Place of Business:**

3449 TECHNOLOGY DRIVE  
SUITE 109  
NORTH VENICE, FL 34275

**New Principal Place of Business:**

**Current Mailing Address:**

C/O DOROTHY L. KORSZEN  
99 NESBIT STREET  
PUNTA GORDA, FL 34275

**New Mailing Address:**

**FEI Number:** 26-0687841

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

KORSZEN, DOROTHY L  
FARR, FARR, EMERICH, HACKETT AND CARR, P.A.  
99 NESBIT STREET  
PUNTA GORDA, FL 33950 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: MGR  
Name: DEICHMAN, CHRISTOPHER J  
Address: 3449 TECHNOLOGY DRIVE, STE 109  
City-St-Zip: NORTH VENICE, FL 34275

Title: MGR  
Name: DEICHMAN, MARK A  
Address: 3449 TECHNOLOGY DRIVE, STE 109  
City-St-Zip: NORTH VENICE, FL 34275

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: MARK A. DEICHMAN

MGR

04/28/2010

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