

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90053 049 ***143.75

DOCUMENT # L07000120371

1. Entity Name
DGIMAGING, LLC



Principal Place of Business
3754 WILLARD NORRIS RD
PCAE, FL 32571

Mailing Address
3754 WILLARD NORRIS RD
PCAE, FL 32571

60030552



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04232008 Chg-LLC CR2E083 (12/06)

City & State

City & State

4. FEI Number

26-2222075

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COCHRAN, ALICIA
3754 WILLARD NORRIS RD
PCAE, FL 32571
PACE

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
COCHRAN, ALICIA
5875 WESTMONT RD
MILTON, FL 32583 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
SPEARS, HELEN
3754 WILLARD NORRIS RD
PCAE, FL 32571 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
SPEARS, TERRY
3754 WILLARD NORRIS RD
PCAE, FL 32571 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
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10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

Alicia P. Cochran

4-23-08

850.994.8454

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #