2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 25, 2009
Secretary of State

DOCUMENT# L07000120371

Entity Name: DGIMAGING, LLC

Current Principal Place of Business:

3754 WILLARD NORRIS RD
PCAE, FL 32571

New Principal Place of Business:

4440 WOODBINE RD.
PACE, FL 32571

Current Mailing Address:

3754 WILLARD NORRIS RD
PCAE, FL 32571

New Mailing Address:

4440 WOODBINE RD.
PACE, FL 32571

FEI Number: 26-2222075 **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:

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

Name and Address of New Registered Agent:

COCHRAN, ALICIA
3754 WILLARD NORRIS RD
MILTON, FL 32571 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: ALICIA COCHRAN 06/25/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: COCHRAN, ALICIA
Address: 5875 WESTMONT RD
City-St-Zip: MILTON, FL 32583

Title: MGRM ( ) Delete
Name: SPEARS, HELEN
Address: 3754 WILLARD NORRIS RD
City-St-Zip: PACE, FL 32571

Title: MGRM ( ) Delete
Name: SPEARS, TERRY
Address: 3754 WILLARD NORRIS RD
City-St-Zip: PACE, FL 32571

ADDITIONS/CHANGES:

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

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

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: ALICIA COCHRAN MGRM 06/25/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date