

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000081730

Entity Name: INCSYNC, LLC

**FILED**  
**Feb 17, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

3902 HENDERSON BOULEVARD  
201  
TAMPA, FL 33629

**New Principal Place of Business:**

400 N. ASHLEY STREET  
1550  
TAMPA, FL 33602

**Current Mailing Address:**

PO BOX 10972  
TAMPA, FL 33679

**New Mailing Address:**

400 N. ASHLEY STREET  
1550  
TAMPA, FL 33602

FEI Number: 27-3252275

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

HAWKINS, CRAIG R  
112 W PRINCE STREET  
TAMPA, FL 33612 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: MGRM  
Name: HODGES, JOSEPH  
Address: 400 N ASHLEY ST, SUITE 1550  
City-St-Zip: TAMPA, FL 33602

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: JOSEPH C-W HODGES

MGRM

02/17/2011

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