

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000114265

**FILED**  
**Mar 17, 2012**  
**Secretary of State**

**Entity Name:** FAXPLUS-OMNI SERVICES AND LEASING, LLC

**Current Principal Place of Business:**

13840 BLENHEIM TRAIL RD  
FORT MYERS, FL 33908

**New Principal Place of Business:**

**Current Mailing Address:**

1011 ARLINGTON BLVD  
SUITE 375  
ARLINGTON, VA 22209

**New Mailing Address:**

**FEI Number:** 90-0630765

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

KRAMER, RICK F  
13840 BLENHEIM TRAIL RD  
FORT MYERS, FL 33908 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: THIEL, JOHN D  
Address: 1011 ARLINGTON BLVD, SUITE 375  
City-St-Zip: ARLINGTON, VA 22209

Title: MGR  
Name: KRAMER, RICK F  
Address: 13840 BLENHEIM TRAIL RD  
City-St-Zip: FORT MYERS, FL 33908

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: JOHN THIEL

PRES

03/17/2012

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