

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L99000006959

1. Entity Name  
S.W. IMAGING, L.L.C.



FILED

07 MAR 28 AM 11:50

STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

Principal Place of Business  
3550 UNIVERSITY BLVD., SOUTH, SUITE 101  
JACKSONVILLE, FL 32216

Mailing Address  
3550 UNIVERSITY BLVD., SOUTH, SUITE 101  
JACKSONVILLE, FL 32216

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

3. Mailing Address



01192007 Chg-LLC CR2E083 (12/06)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number  
59-3611351

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

SACAQUINI, NICOLAU  
3550 UNIVERSITY STREET SOUTH  
SUITE 101  
JACKSONVILLE, FL 32216

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

Filing Fee is \$50.00  
Due by May 1, 2007

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

MGRM  
SACAQUINI, NICOLAU  
9477 KELLS ROAD  
JACKSONVILLE, FL 32257

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

100096000721  
04/06/07--01043--005 \*\*\*350.00

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CITY-ST-ZIP

☐ Change ☐ Addition

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:

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

Date

Daytime Phone #

Nicola Saccaguni

3/22/07

(904) 993-4112