LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M00000002136

1. Entity Name

IKON OFFICE SOLUTIONS TECHNOLOGY SERVICES, LLC



SECRETARY OF STATE DIVISION OF CORPORATIONS

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2. Principal P	lace of Busine	ess a Ol	3. Mailing Address	C (L. C AN)	(((₍ (id En	1775		
<u>~</u>		hada Ka	10 VOILEN	y Stream	\overline{MM}		., r 0.,	**200.00		
Suite, Apt.	#, etc.	,	Suite, Apt. #, etc.	1 -		TO NOT WRITE	E INTHIS SP	ACE		
City & Stat	e ,	<u> </u>	City & State			4. FEI Number		Applied F	For	
BUtt	Buttale IVY Marver			<u> </u>		23-2917091		Not Appli	cable	
JU 2 2 9	<u>5</u>	Country	Zip 19355	Country		5. Certificate of Status Desired		\$5.00 Additional Fee Required		
						7. Name and Address of Current				
				Name						
DO NOT WRITE.					C_T Corporation System Street Address (P.O. Box Number is Not Acceptable)					
IN THIS SPACE					1200 South Pine Island Road					
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			di P	City	·		FL	Zip Code 33324		
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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.										
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SIGNATURE .	Signature, typed o	or printed name of registered agent a	nd title if applicable.				DATE		-	
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9.		MANAGING MEMBER	RS/MANAGERS	35AV : 35A	SACHE !		No.			
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11. I hereby certify that the information supplied with filling does not quality for the exemption stated in Section 119.07(3)(i), 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 received of trustee empowered to execute this report as required by Chapter 608, Florida Statutes.										
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SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Daytime Phone #