

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M05000006287

**FILED**  
**Apr 19, 2012**  
**Secretary of State**

**Entity Name:** ESI ERGONOMIC SOLUTIONS, LLC

**Current Principal Place of Business:**

4030 E QUENTON DR  
#101  
MESA, AZ 85215 US

**New Principal Place of Business:**

**Current Mailing Address:**

4030 E QUENTON DR  
#101  
MESA, AZ 85215 US

**New Mailing Address:**

**FEI Number:** 86-0955047

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

PUCCIARELLI, DANA  
17808 MISSION OAK DRIVE  
LITHIA, FL 33547 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:** KEOGH, CAROL  
**Address:** 4030 E QUENTON DR #101  
**City-St-Zip:** MESA, AZ 85215 US

**Title:** CSO  
**Name:** KEOGH, JOHN JR  
**Address:** 4030 E QUENTON DR #101  
**City-St-Zip:** MESA, AZ 85215

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 KEOGH JR

CSO

04/19/2012

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