

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000001190

FILED  
Apr 09, 2009  
Secretary of State

**Entity Name:** UNIVERSAL IMAGING OF FLORIDA, LLC

**Current Principal Place of Business:**

14462 COMMERCE WAY  
MIAMI LAKES, FL 33016

**New Principal Place of Business:**

**Current Mailing Address:**

22 LONG RIDGE RD, UNIT B  
STAMFORD, CT 069053803

**New Mailing Address:**

**FEI Number:** 83-0445199

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SCHILLER, BRIAN  
14462 COMMERCE PARKWAY  
MIAMI LAKES, FL 33016 US

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

SCHILLER, BRIAN  
14462 COMMERCE WAY  
MIAMI LAKES, FL 33016 US

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:**

04/09/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR ( ) Delete  
**Name:** BRAVER, ANDREW F  
**Address:** 60 LONG RIDGE ROAD, SUITE 401  
**City-St-Zip:** STAMFORD, CT 06902

**ADDITIONS/CHANGES:**

**Title:** MGR (X) Change ( ) Addition  
**Name:** BRAVER, ANDREW F  
**Address:** 22 LONG RIDGE ROAD, SUITE B  
**City-St-Zip:** STAMFORD, CT 06905 38

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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:** ANDREW F BRAVER

MGR

04/09/2009

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