


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90041 031 ***138.75

DOCUMENT # M07000001857 1. Entity Name OPTIMA TECHNOLOGIES, LLC			
Principal Place of Business 155 OFFICE PLAZA DRIVE, SUITE A TALLAHASSEE, FL 32301		Mailing Address 155 OFFICE PLAZA DRIVE, SUITE A TALLAHASSEE, FL 32301	
2. Principal Place of Business - No P.O. Box # 5313 Johns Rd		3. Mailing Address 420 Aviation Blvd	
Suite, Apt. #, etc. Ste 210		Suite, Apt. #, etc. Ste 203	
City & State Tampa FL		City & State Santa Rosa CA	
Zip 33634	Country	Zip 95403	Country
4. FEI Number 20-8688753		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent FLORIDA FILING & SEARCH SERVICES, INC. 155 OFFICE PLAZA DRIVE, SUITE A TALLAHASSEE, FL 32301		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM AMERICAN TONERSERV CORP. 475 AVIATION BLVD., STE. 100 SANTA ROSA, CA 95403	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM American TonerServ Corp 420 Aviation Blvd Ste 203 Santa Rosa CA 95403
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		Date: 4/29/08 Daytime Phone #: 800-736-3515	