

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000003059

**Entity Name:** DIGITAL COLLIMATION LLC

**Current Principal Place of Business:**

3724 SE MATANZAS ST.  
STUART, FL 34996

**Current Mailing Address:**

P.O. BOX 1679  
STUART, FL 34995 US

**FEI Number:** 20-0810417

**Certificate of Status Desired:** No

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

ALLISON, JAMES WIII  
3724 SE MATANZAS ST.  
STUART, FL 34996 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	MGRM	Title	MGRM
Name	ALLISON, JAMES WIII	Name	ALLISON, SANDRA A
Address	3724 SE MATANZAS ST.	Address	3724 SE MATANZAS ST.
City-State-Zip:	STUART FL 34996	City-State-Zip:	STUART FL 34996

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** /S/SANDRA ALAINE ALLISON

**MANAGER MEMBER**

**03/09/2016**

Electronic Signature of Signing Authorized Person(s) Detail

Date