

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000003687

**Entity Name:** DOCUMANAGEMENT, LLC

**Current Principal Place of Business:**

800 WEST MONROE STREET  
JACKSONVILLE, FL 32202

**Current Mailing Address:**

800 WEST MONROE STREET  
JACKSONVILLE, FL 32202

**FEI Number:** 20-4125181

**Certificate of Status Desired:** No

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

BMD FLORIDA SERVICE, LLC  
800 WEST MONROE STREET  
JACKSONVILLE, FL 32202 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  
Name MANNA, ANTHONY S  
Address 75 EAST MARKET STREET  
City-State-Zip: AKRON OH 44308

Title MGRM  
Name KRISMANTH, KENNETH J  
Address 800 WEST MONROE STREET  
City-State-Zip: JACKSONVILLE FL 32202

Title MGRM  
Name CORR, MARK S  
Address 75 E. MARKET STREET  
City-State-Zip: AKRON OH 44308

Title MGRM  
Name VOGT, BRIAN D  
Address 6 E. BAY STREET, SUITE 300  
City-State-Zip: JACKSONVILLE FL 32202

*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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** ANTHONY S. MANNA

**CHAIRMAN**

**04/23/2013**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date