

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000021674

FILED  
Apr 28, 2004  
Secretary of State

Entity Name: PEIRCE GRAPHIC SERVICES, LLC

**Current Principal Place of Business:**

10 CENTRAL PARKWAY  
SUITE 220  
STUART, FL 34994

**New Principal Place of Business:**

**Current Mailing Address:**

10 CENTRAL PARKWAY  
SUITE 220  
STUART, FL 34994

**New Mailing Address:**

FEI Number: 80-0008301      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

BRECHBILL, MARK E CPA  
215 S FEDERAL HWY  
SUITE 100  
STUART, FL 34994

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

BRECHBILL, MARK CPA  
215 S FEDERAL HWY  
SUITE 100  
STUART, FL 34994

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: MARK BRECHBILL

04/28/2004

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGRM ( ) Delete  
Name: PEIRCE, GARY  
Address: 696 S.W. WHISPER RIDGE TRAIL  
City-St-Zip: PALM CITY, FL 34990

Title: MGRM ( ) Delete  
Name: PEIRCE, LINDA  
Address: 696 S.W. WHISPER RIDGE TRAIL  
City-St-Zip: PALM CITY, FL 34990

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: GARY PEIRCE

MGRM

04/28/2004

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