

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000105291

FILED
Mar 20, 2009
Secretary of State

Entity Name: SUN PRINT MANAGEMENT, LLC

Current Principal Place of Business:

5441 PROVOST DRIVE
HOLIDAY, FL 346902939 US

New Principal Place of Business:

Current Mailing Address:

5441 PROVOST DRIVE
HOLIDAY, FL 346902939 US

New Mailing Address:

FEI Number: 20-5796698 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SANCHEZ, ROBERT C
2907 BAY TO BAY BLVD, SUITE 201
TAMPA, FL 33629 US

Name and Address of New Registered Agent:

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

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: WAGNER, PETER
Address: 5441 PROVOST DRIVE
City-St-Zip: HOLIDAY, FL 34690

Title: MGR () Delete
Name: THOMPSON, JOHN
Address: 5441 PROVOST DRIVE
City-St-Zip: HOLIDAY, FL 34690

Title: MGR () Delete
Name: MIKLOS, STEVE
Address: 5441 PROVOST DRIVE
City-St-Zip: HOLIDAY, FL 34690

Title: MGR () Delete
Name: GONZALEZ, RAY
Address: 600 S. MAGNOLIA AVE., SUITE 275
City-St-Zip: TAMPA, FL 33606

Title: MGR () Delete
Name: BIDDINGER, CLAY M
Address: 600 S. MAGNOLIA AVE., SUITE 275
City-St-Zip: TAMPA, FL 33606

Title: MGR () Delete
Name: LANE, JOSEPH C
Address: 600 S. MAGNOLIA AVE., SUITE 275
City-St-Zip: TAMPA, FL 33606

ADDITIONS/CHANGES:

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

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

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

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

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 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: J.F.THOMPSON

MGR

03/20/2009

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