

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000105291

FILED  
Mar 11, 2010  
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 ( )**

**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  
Name: WAGNER, PETER  
Address: 5441 PROVOST DRIVE  
City-St-Zip: HOLIDAY, FL 34690

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

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

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

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

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

I hereby 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

03/11/2010

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