

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000078236

FILED  
Feb 27, 2009  
Secretary of State

Entity Name: SIGNCRAFT, LLC

**Current Principal Place of Business:**

1721 DONNA ROAD, STE C  
WEST PALM BEACH, FL 33409

**New Principal Place of Business:**

**Current Mailing Address:**

1721 DONNA ROAD, STE C  
WEST PALM BEACH, FL 33409

**New Mailing Address:**

FEI Number: 61-1536094

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

PRUSIECKI, LINDA  
1721 DONNA ROAD, STE 2  
WEST PALM BEACH, FL 33409 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: PT ( ) Delete  
Name: PRUSIECKI, LINDA  
Address: 1721 DONNA ROAD, STE C  
City-St-Zip: WEST PALM BEACH, FL 33409

Title: VPS ( ) Delete  
Name: INTOPPA, ROBIN  
Address: 1721 DONNA ROAD, STE C  
City-St-Zip: WEST PALM BEACH, FL 33409

Title: MGRM ( ) Delete  
Name: PRUSIECKI, LINDA  
Address: 1721 DONNA ROAD, STE C  
City-St-Zip: WEST PALM BEACH, FL 33409

Title: MGRM ( ) Delete  
Name: WAXMAN, BRIAN K  
Address: 1721 DONNA ROAD, STE C  
City-St-Zip: WEST PALM BEACH, FL 33409

**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:

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: MIMI STEIN

CPA

02/27/2009

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