

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000091796

FILED
Apr 25, 2012
Secretary of State

Entity Name: WRAPID IMPRESSIONS, LLC

Current Principal Place of Business:

14426 PELICAN BAY CT.
JACKSONVILLE, FL 32224 US

New Principal Place of Business:

Current Mailing Address:

4319 SALISBURY RD STE 4
JACKSONVILLE, FL 32216

New Mailing Address:

FEI Number: 27-0986190

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FURRIS, NICHOLAS
4319 SALISBURY RD STE 4
JACKSONVILLE, FL 32216 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: MGRM
Name: CLARK, BRANDON
Address: 4319 SALISBURY RD STE 4
City-St-Zip: JACKSONVILLE, FL 32216 US

Title: MGRM
Name: NICHOLAS, FURRIS
Address: 4319 SALISBURY RD STE 4
City-St-Zip: JACKSONVILLE, FL 32216

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: NICHOLAS FURRIS

MGRM

04/25/2012

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