## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE:

## Mar 31, 2008 8:00 am Secretary of State **DOCUMENT # L07000057722** 03-31-2008 90272 024 \*\*\*143.75 R & D PRINTING & DESIGN, LLC Principal Place of Business Mailing Address Phhtbaaa **5751 ISLE CIRCLE 5751 ISLE CIRCLE** TAMARAC, FL 33321 TAMARAC, FL 33321 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03112008 Chg-LLC CR2E083 (12/06) City & State City & State 4. FEI Number Applied For .6-0267436 Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PONCE, ROXANA E Street Address (P.O. Box Number is Not Acceptable) **5751 ISLE CIRCLE** TAMARAC, FL 33321 City Zip Code 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 Make check payable to Florida Department of State 9. MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. MGR TITLE ☐ Delete TITLE ☐ Change ☐ Addition PONCE, ROXANA E 5751 ISLE CIRCLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TAMARAC, FL 33321 CITY-ST-ZIP MGR TITEF ☐ Delete TITLE ☐ Change ■ Addition DAVILA, DAVID A NAME NAME STREET ADORESS **5751 ISLE CIRCLE** STREET ADDRESS CITY-ST-ZIP TAMARAC, FL 33321 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE □ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE TITLE ☐ Delete ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Channe ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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. Once

ANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**FILED**