

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000105291

**FILED**  
**Feb 12, 2019**  
**Secretary of State**  
**4373641822CC**

**Entity Name:** SUN PRINT MANAGEMENT, LLC

**Current Principal Place of Business:**

5441 PROVOST DRIVE  
HOLIDAY, FL 34690-2939

**Current Mailing Address:**

5441 PROVOST DRIVE  
HOLIDAY, FL 34690-2939 US

**FEI Number:** 20-5796698

**Certificate of Status Desired:** Yes

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

REGISTERED AGENTS INC  
3030 N ROCKY POINT DR  
SUITE 150A  
TAMPA, FL 33607 US

*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

**Authorized Person(s) Detail :**

Title MGR  
Name WAGNER, PETER  
Address 5441 PROVOST DRIVE  
City-State-Zip: HOLIDAY FL 34690

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

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

Title MGR  
Name FREDERICK, THOMAS  
Address 5441 PROVOST DRIVE  
City-State-Zip: HOLIDAY FL 34690-2939

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** JOHN THOMPSON

**MANAGER**

**02/12/2019**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date