

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000158842

**Entity Name:** MEDCO INK, LLC

**Current Principal Place of Business:**

105-A N. OCEANSHORE BOULEVARD  
FLAGLER BEACH, FL 32136

**Current Mailing Address:**

PO BOX 2523  
FLAGLER BEACH, FL 32136 US

**FEI Number:** 46-4323982

**Certificate of Status Desired:** No

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

MADISON, TARA  
105-A N. OCEANSHORE BOULEVARD  
FLAGLER BEACH, FL 32136 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 MGRM  
Name MADISON, TARA  
Address P. O. BOX 2523  
City-State-Zip: FLAGLER BEACH FL 32136

*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:** TARA MADISON

MGRM

04/28/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date