

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000095809

Entity Name: DROP'N GRAPHICS, LLC

Current Principal Place of Business:

12617 MUIRFIELD BLVD S
JACKSONVILLE, FL 32225

Current Mailing Address:

12617 MUIRFIELD BLVD S
JACKSONVILLE, FL 32225

FEI Number: 81-2637633

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

BONAVENTURE, CAMELOT
12617 MUIRFIELD BLVD S
JACKSONVILLE, FL 32225 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, CEO
Name BONAVENTURE, CAMELOT
Address 12617 MUIRFIELD BLVD S
City-State-Zip: JACKSONVILLE FL 32225

Title VP
Name JOHNSON-BONAVENTURE,
THANDEKA
Address 12617 MUIRFIELD BLVD S
City-State-Zip: JACKSONVILLE FL 32225

Title SECRETARY
Name WHITE, MITZIANN
Address 8843 3RD AVENUE
City-State-Zip: JACKSONVILLE FL 32208

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: CAMELOT BONAVENTURE

MGR

04/25/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date