

**2018 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT**

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: CAMELOT BONAVENTURE**

**10/24/2018**

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

*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**

**CEO**

**10/24/2018**

Electronic Signature of Signing Authorized Person(s) Detail

Date