

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 11, 2004 8:00 am
Secretary of State

05-11-2004 90002 014 ****50.00

DOCUMENT # L01000001507

1. Entity Name
CARBON PRESS, L.C.



Principal Place of Business

**957-B NORTH BEACH ST.
DAYTONA BEACH, FL 32117**

Mailing Address

**957-B NORTH BEACH ST.
DAYTONA BEACH, FL 32117**

2. Principal Place of Business

520 Ridgewood Ave
Suite, Apt. #, etc.

3. Mailing Address

520 Ridgewood Ave
Suite, Apt. #, etc.



05052004 Chg-LLC CR2E083 (10/03)

City & State

Holly Hill, FL
Zip

32117

Country

Volusia

City & State

Holly Hill, FL
Zip

32117

Country

Volusia

4. FEI Number

59-3695202

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

BROWN, TRISH Y
957-B NORTH BEACH ST. **520 Ridgewood Ave**
DAYTONA BEACH, FL 32117 **Holly Hill, FL 32117**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

**Filing Fee is \$50.00
Due by September 8, 2004**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☐ Delete

NAME **BROWN, TRISH**
STREET ADDRESS **325 HARTFORD AVE**
CITY-ST-ZIP **DAYTONA BEACH, FL 32118**

TITLE **P** ☒ Delete

NAME **YUNICK, MARGIE J**
STREET ADDRESS **957 N BRACH ST**
CITY-ST-ZIP **DAYTONA BEACH, FL 32117**

TITLE **P** ☐ Delete

NAME **YUNICK, STEVEN S**
STREET ADDRESS **1175 N HALIFAX**
CITY-ST-ZIP **DAYTONA BEACH, FL 32118**

TITLE **P** ☒ Delete

NAME **YUNICK, SAM**
STREET ADDRESS **7757 BURNT OAK TR**
CITY-ST-ZIP **JACKSONVILLE, FL 32256**

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition

NAME
STREET ADDRESS **520 Ridgewood Avenue**
CITY-ST-ZIP **Holly Hill, FL 32117**

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Trish Y Brown

050504 3869471986