

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 06, 2008 08:00 AM
Secretary of State

DOCUMENT # L01000005072

1. Entity Name
PRINT2WEB, LLC.



Principal Place of Business: 2600 DR. M.L. KING ST. NORTH
SUITE #500
ST. PETERSBURG, FL 33704

Mailing Address: 2600 DR. M.L. KING ST. NORTH
SUITE #500
ST. PETERSBURG, FL 33704



02182008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3706514

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

COREY, ALFRED E JR.
2600 DR. M.L. KING ST. NORTH
SUITE #500
ST. PETERSBURG, FL 33704

**DO NOT WRITE
IN THIS SPACE**

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

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

TITLE: P
NAME: COREY, ALFRED E JR.
STREET ADDRESS: 2600 DR. M.L. KING ST. NORTH
CITY-STATE-ZIP: ST. PETERSBURG, FL 33704

TITLE: V
NAME: MCNERNEY, MICHAEL
STREET ADDRESS: 1110 CHAMBERLAIN HILL RD
CITY-STATE-ZIP: LOUISVILLE, KY 40207

TITLE: V
NAME: REARDON, ROBERT
STREET ADDRESS: 36 BEEBE ROAD
CITY-STATE-ZIP: QUINCY, MA 02169

TITLE:
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

TITLE:
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

TITLE:
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

U00000849572
03/21/08-80025-013 138.75

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Alfred E Corey

3-4-08