

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 13, 2004 08:00 AM
Secretary of State

DOCUMENT # L01000009268

1. Entity Name
TIGER COPY CENTER, L.L.C.



Principal Place of Business
**1776 EAST SUNRISE BOULEVARD
P.O. BOX 7990
FORT LAUDERDALE, FL 33338 US**

Mailing Address
**1776 EAST SUNRISE BOULEVARD
P.O. BOX 7990
FORT LAUDERDALE, FL 33338 US**



01202004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1114125

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**MCINTOSH, DOUGLAS M ESQUIRE
1776 EAST SUNRISE BOULEVARD
FORT LAUDERDALE, FL 33304**

**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

**Filing Fee is \$50.00
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
SAWRAN, JAMES C
1776 EAST SUNRISE BOULEVARD, P.O. BOX 7990
FORT LAUDERDALE, FL 33338**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
MCINTOSH, DOUGLAS M
1776 EAST SUNRISE BOULEVARD, P.O. BOX 7990
FORT LAUDERDALE, FL 33338**

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02/16/04-80037-018 50.00

**DO NOT WRITE
IN THIS SPACE**

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

[Signature] **JAMES C. SAWRAN** 2/10/04 954-765-1001