

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 21, 2005 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



01052005No 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, 2005

UN00000271999
03/21/05-80067-017 50.00

9. MANAGING MEMBERS/MANAGERS

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

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

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

3/16/05 954-765-1001

Date

Daytime Phone #