


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 21, 2004 8:00 am
Secretary of State

06-21-2004 90139 009 ****50.00

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|---|--|--|---|---|--|
| DOCUMENT # L01000021182 1. Entity Name PALM PRINTING STRATEGIC SOLUTIONS, LLC | | | |  | |
| Principal Place of Business 2306 DR. MARTIN LUTHER KING BLVD. FT. MYERS, FL 33901 | | | Mailing Address 2306 DR. MARTIN LUTHER KING BLVD. FT. MYERS, FL 33901 | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | 3. Mailing Address Suite, Apt. #, etc. | | | |
| City & State Zip | | City & State Zip | | Country | |
| 4. FEI Number 65-1159037 | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$5.00 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent HORTON, F T 2306 DR. MARTIN LUTHER KING BLVD. FT. MYERS, FL 33901 | | | 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 _____ (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 | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM HORTON, F T 2306 DR. MARTIN LUTHER KING BLVD. FORT MYERS, FL 33901 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM HORTON, LAURA M 15241 TWEEDALE CIR FORT MYERS, FL 33912 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM DARROW, RANDY S 2306 DR. MARTIN LUTHER KING BLVD. FORT MYERS, FL 33901 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM | <input type="checkbox"/> Delete | | | |
| 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: <u>F.T. HORTON</u> MGRM <u>6/19/04 (239) 332-8600</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone # | | | | | |