

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

09162008 Chg-LLC CR2E083 (12/06)

4. FEI Number

65-1159037

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

DARROW, RANDY S
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

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
Due by September 12, 2008

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM ☐ Delete
NAME DARROW, KIMBERLY L
STREET ADDRESS 2306 DR. MARTIN LUTHER KING BLVD.
CITY - ST - ZIP FORT MYERS, FL 33901

TITLE ☐ Change ☐ Addition
NAME 600136617846
STREET ADDRESS 10/03/08--01055--001 **138.75
CITY - ST - ZIP

TITLE MGRM ☐ Delete
NAME DARROW, RANDY S
STREET ADDRESS 2306 DR. MARTIN LUTHER KING BLVD.
CITY - ST - ZIP FORT MYERS, FL 33901

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
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 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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

FILED

2008 OCT -9 PM 2:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

Randy S. Darrow Randy S. Darrow 9-29-08 239-332-8000