

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 18, 2002 8:00 am
Secretary of State

02-18-2002 90185 016 ****50.00

DOCUMENT # **L01000022073**

1. Entity Name

REPROGRAPHICS² LLC

DO NOT WRITE IN THIS SPACE

924936

2. Principal Place of Business

117 LUCKIE ST

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

ATLANTA GA

Zip

30303

Country

Fullton

City & State

Zip

Country

4. FEI Number

58-2660902

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

KEN WATSON

Street Address (P.O. Box Number is Not Acceptable)

3728 Phillips Highway #201

City

JACKSONVILLE

FL

Zip Code

32207

**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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

DATE

FEE IS \$50.00

Make Check Payable to Department of State

DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME

**PRESIDENT - MGRM
KEN WATSON
3728 PHILLIPS Hwy. #201
JACKSONVILLE, FL. 32207**

STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME

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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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

2/8/02

Date

**(404) 316-4241
(404) 522-9200**

Daytime Phone #

CR2E083B (12/01)