FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 92166 005 ****50.00

04/30/2003 12:45 3058217252 GOMEZ VELAZG

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

30068746

DOCUMENT # L02000013477

1. Entity Name
MAC PRINTER, LLC

Principal Place of Business	Mailing Address
~~5259 NW 108TH AVENUE~~ ~~SUNRISE, FL 33351~~	~~5259 NW 108TH AVENUE~~ ~~SUNRISE, FL 33351~~
2. Principal Place of Business: 791 NW 170 TERRACE	3. Mailing Address: 791 NW 170 TERRACE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: PEMBROKE PINES, FL	City & State: PEMBROKE PINES, FL
Zip: 33028 Country:	Zip: 33028 Country:

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number: 13-4205983 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CAMINATA, DANIEL 5259 NW 108TH AVENUE SUNRISE, FL 33351	Name: CAMINATA, DANIEL Street Address (P.O. Box Number is Not Acceptable): 791 NW 170 TERRACE City: PEMBROKE PINES FL Zip Code: 33028

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: DANIEL CAMINATA 4/30/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

[illegible]

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE: PSD NAME: CAMINATA, DANIEL STREET ADDRESS: 791 NW 170 TERRACE CITY-ST-ZIP: PEMBROKE PINES, FL 33028	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE: VPTD NAME: MAUDET, JAVIER E. STREET ADDRESS: 791 NW 170 TERRACE CITY-ST-ZIP: PEMBROKE PINES, FL 33028	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E083 (10/02)

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: DANIEL CAMINATA 4/30/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #