

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 22, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # L02000016334**

1. Entity Name  
**BRUNO INK COMPANY, LLC**



Principal Place of Business  
**135 COMPLEX DRIVE  
LAKELAND, FL 33801 US**

Mailing Address  
**135 COMPLEX DRIVE  
LAKELAND, FL 33801 US**



02092007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**01-0739049**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**BRUNO, DON E  
135 COMPLEX DRIVE  
LAKELAND, FL 33801**

**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, 2007**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGRM  
BRUNO, DON E  
135 COMPLEX DR  
LAKELAND, FL 33810**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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U00000644706  
03/02/07-80055-007 50.00

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IN THIS SPACE**

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 606, Florida Statutes.

**SIGNATURE** *Don E Bruno*

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

*2/17/07*

Date

*863-967-2105*

Daytime Phone #