

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90036 018 ****50.00

DOCUMENT # L02000031191

1. Entity Name
SOUTHEAST LEGAL COPY, LLC



Principal Place of Business
**6 EAST BAY ST STE 300
JACKSONVILLE, FL 32202**

Mailing Address
**76 SOUTH LAURA STREET, SUITE 1700
JACKSONVILLE, FL 32202**

24046783



03292004 Chg-LLC CR2E083 (10/03)

4. FEI Number
82-0579713

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**HARPER, LEWIS W
76 SOUTH LAURA STREET, SUITE 1700
JACKSONVILLE, FL 32202**

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

**Filing Fee is \$50.00
Due by May 1, 2004**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS / MANAGERS

TITLE **C** ☒ Delete
NAME **MANNA, ANTHONY S**
STREET ADDRESS **75 E MARKET ST STE 330**
CITY-ST-ZIP **AKRON, OH 44308**

TITLE **P** ☒ Delete
NAME **KRISMANTH, KENNETH J**
STREET ADDRESS **76 S LAURA ST STE 1700**
CITY-ST-ZIP **JACKSONVILLE, FL 32202**

TITLE **VP** ☒ Delete
NAME **CORR, MARK**
STREET ADDRESS **75 E MARKET ST STE 330**
CITY-ST-ZIP **AKRON, OH 44308**

TITLE **CFO** ☒ Delete
NAME **STEURER, DAN**
STREET ADDRESS **75 E MARKET ST #330**
CITY-ST-ZIP **AKRON, OH 44308**

TITLE **G** ☒ Delete
NAME **VOGT, BRIAN**
STREET ADDRESS **6 EAST BAY ST STE 300**
CITY-ST-ZIP **JACKSONVILLE, FL 32202**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS / CHANGES

TITLE **MGRM** ☐ Change ☒ Addition
NAME **COPY HOLDINGS, LLC**
STREET ADDRESS **76 S. LAURA STREET, SUITE 1700**
CITY-ST-ZIP **JACKSONVILLE, FL 32202**

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

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

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CITY-ST-ZIP

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: X

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

KENNETH KRISMANTH

Date

Daytime Phone #

4-5-4 904-350-1314