2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # L02000033148									FILED			
1. Entity Name									- 00 PM 3	: 58		
SPIRIT GRAPHIC LLC								03.5	EP 30 PM 3	ir kit të		
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Principal Place of Business Mailing Address								5E1	PAHASSEL TU	UIII -	ı	MJH
414 CENTARL AVE AINT PETERSBURG FL 33712				2414 CENTARL AVE SAINT PETERSBURG FL 33712				1110	-			
AINT PETERSE	BURG FL 33/1	2	2/	AINT PETEROBURG PL 33/1	2							
2. Principal Place of Business				3. Mailing Address					III b ii bo iib sibii bbiib bbiii	 	10 ISING 41814 NIO	
Suite, Apt. #, etc.				Suite, Apt. #, etc.				9/20	☐ CHECK HERE	IF MAKING	CHANGES	
City & State				City & State				4. FEI Nyn	nber		Ap	oplied For
								'5'ク	<u>-113345</u>	59		t Applicable
Zip	Country			Zip		Country		5. Certifica	te of Status Desired		\$5.00 Add Fee Required	
6. Name and Address of Current Registered Agent								7. Name a	nd Address of New F	Registered /	Agent	
-ASH-ROBIN G						Name					-	
4004 MIRAMAR WAY S						Street Address (P.O. Box Number is Not Acceptable)						
SAINT PETERSBURG FL 33705						<u>, 800023446488</u>						
•						09/30/0301067005 **\$5,00 City						
8. The above named entity submits this statement for the purpose of changing its registered office or regi									acth in the State of El	FL	•	
	named entity tions of registe		ement for the	purpose or changing its r	egistere	а опісе ог г	registen	eo agent, or t	oom, in the state of Fit	опца. тапт	ammar with,	and accept
SIGNATURE .												
	Signature, typed	or printed name of registe	ered agent and tit				•	when reinstating)	<u> </u>	DATE		
FILE NOW								st of State				
				<u>-</u>		nua Depa iber 24, 2		ii di State				
9. MANAGING MEMBERS/MANAGERS									ADDITIONS	/CHANGES		·
TITLE	MGRM			☐ Delete	TITLE				-		Change	Addition
NAME	PERKINS,			NAME								
STREET ADDRESS CITY-ST-ZIP	4004 MIRAMAR WAY S SAINT PETERSBURG FL 33705-3930					T ADDRESS ST-ZIP						
TITLE	MGMR Delete									<u> </u>	Change	Addition
NAME	AOU DODIN C				TITLE NAME	1						_
STREET ADDRESS						T ADDRESS						
CITY-ST-ZIP	0/11/1/ 2/21/00/01/01/03/03					ST-ZIP						
TITLE NAME				☐ Delete	TITLE NAME						☐ Change	☐ Addition
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TITLE				☐ Delete	TITLE						☐ Change	☐ Addition
NAME Street address					NAME	T ADDRESS						,
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TITLE				☐ Delete	TITLE						Change	Addition
NAME					NAME							
STREET ADDRESS						T ADDRESS						
CITY-ST-ZIP	<u>.</u>				╂	ST-ZIP '			•			
TITLE	,			☐ Delete · · · ·	. TITLE		٠				☐ Change	☐ Addition
NAME Street address	,	•			NAME STREE	T ADDRESS						

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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

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

Date

Daytime Phone #