

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90085 017 ****50.00

DOCUMENT # L03000003350

1. Entity Name
CORR DIGITAL & GRAPHICS SOLUTIONS, LLC



Principal Place of Business
104 NEWPORT LANE
PONTE VEDRA BEACH, FL 32082

Mailing Address
104 NEWPORT LANE
PONTE VEDRA BEACH, FL 32082

2. Principal Place of Business
200 Business Park Circle

3. Mailing Address

Suite, Apt. #, etc.
Suite 103

Suite, Apt. #, etc.

City & State
St. Augustine FL

City & State

Zip Country
32095 St. Johns

Zip Country

02232004 Chg-LLC CR2E083 (10/03)

4. FEI Number
55-0816890

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

PATTERSON, BOND & LATSHAW, P.A.
3010 SOUTH THIRD STREET
JACKSONVILLE BEACH, FL 32250

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

Gary B. Pease
(NOTE: Registered Agent signature required when reinstating)

4/29/04
DATE

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

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete
NAME PEASE, GARY B
STREET ADDRESS 104 NEWPORT LANE
CITY-ST-ZIP PONTE VEDRA BEACH, FL 32082

TITLE MGRM ☐ Delete
NAME WHITE, M. BURL
STREET ADDRESS 205 ROYAL TERN RD NO
CITY-ST-ZIP PONTE VEDRA BEACH, FL 32082

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

TITLE ☐ Change ☐ Addition
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NAME
STREET ADDRESS
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: Gary B. Pease

Gary B. Pease

4/29/04

904-940-8500

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

Date

Daytime Phone #