

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 20, 2004 8:00 am
Secretary of State

04-20-2004 90190 012 ****50.00

DOCUMENT # L03000007759

1. Entity Name
VERSAIT PRESS LLC



Principal Place of Business
**208 SPINNAKER DRIVE
VERO BEACH, FL 32963**

Mailing Address
**208 SPINNAKER DRIVE
VERO BEACH, FL 32963**

2. Principal Place of Business

3. Mailing Address

P.O. Box 644332

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

VERO BEACH, FL

Zip

Country

32964-4332

Country

USA

04152004

Chg-LLC

CR2E083 (10/03)

4. FEI Number

55-0824015

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**LAMM, WILLIAM C
60 SIXTH AVENUE
VERO BEACH, FL 32962**

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 **PRESIDENT** ☐ Delete
NAME **SARA S. MAYO**
STREET ADDRESS **208 SPINNAKER DRIVE**
CITY-ST-ZIP **VERO BEACH, FL 32963**

TITLE **VICE PRESIDENT** ☐ Delete
NAME **VERA A. GUIMARAES**
STREET ADDRESS **415 HOLLY ROAD**
CITY-ST-ZIP **VERO BEACH, FL 32963**

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
NAME
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CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
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:

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

SARA S. MAYO

4-16-04

772-234-0399

Date

Daytime Phone #