2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

9/2/2004-90005-017-$50.00-$50.00

FILED
04 OCT 25 PM 4: 14
SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJH

MOORE CR2E083 (4/04) 10/25

DOCUMENT # L03000029777

1. Entity Name
AMERICAN ENVELOPES, LLC

Principal Place of Business	Mailing Address
2937 SPRING OAK COURT PALM HARBOR FL 34684	2937 SPRING OAK COURT PALM HARBOR FL 34684

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc. same as above		Suite, Apt. #, etc. same as above	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 16-1688132 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GRILL, CHARLES R 2937 SPRING OAK COURT PALM HARBOR FL 34684	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 Charles R G (Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating) 8-30-04 DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By September 8, 2004

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Managing Member Charles Grill 2937 Spring Oak Ct Palm Harbor, FL 34684 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition REINSTATEMENT 2004
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition w/o penalty

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: Vijay Upadhyaya Controller 8-30-04 973-282-0300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE / Date / Daytime Phone #