2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 05, 2004
Secretary of State

DOCUMENT# L03000048761

Entity Name: TONERTYPE OF FLORIDA, LLC

Current Principal Place of Business:

6101 JOHNS RD, STE 5
TAMPA, FL 33634

New Principal Place of Business:

Current Mailing Address:

6101 JOHNS RD, STE 5
TAMPA, FL 33634

New Mailing Address:

FEI Number: 20-0445994 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KALISH, WILLIAM
100 S ASHLEY DR, STE 1500
TAMPA, FL 33602 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM ( ) Delete
Name: SHAVER, CLYDE C IV
Address: 6101 JOHNS RD, STE 5
City-St-Zip: TAMPA, FL 33634

Title: MGRM ( ) Delete
Name: SHAVER, DAVID T
Address: 6101 JOHNS RD, STE 5
City-St-Zip: TAMPA, FL 33634

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: CLYDE C SHAVER IV MGRM 04/05/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date