

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000048761

FILED
Jan 12, 2006
Secretary of State

Entity Name: TONERTYPE OF FLORIDA, LLC

Current Principal Place of Business:

5313 JOHNS ROAD
SUITE 210
TAMPA, FL 33634

New Principal Place of Business:

Current Mailing Address:

5313 JOHNS ROAD
SUITE 210
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/MANAGERS:

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: MGR (X) Change () Addition
Name: SHAVER, CLYDE C IV
Address: 5313 JOHNS RD. #210
City-St-Zip: TAMPA, FL 33634

Title: MGR (X) Change () Addition
Name: SHAVER, DAVID T
Address: 5313 JOHNS RD. #210
City-St-Zip: TAMPA, FL 33634

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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

MGR

01/12/2006

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