2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000002608

Entity Name: AUTOMATED MAILING, LLC

FILED Apr 14, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 16128 MUIRFIELD DR 3625 W. CYPRESS ST ODESSA, FL 33556 TAMPA, FL 33607 **Current Mailing Address: New Mailing Address:** PO BOX 320307 16128 MUIRFIELD DR ODESSA, FL 33556 TAMPA, FL 33679 US FEI Number: 56-2427145 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BONIN, DONALD 16128 MUIRFIELD DR ODESSA, FL 33556 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: ADDITIONS/CHANGES: Title: () Change () Addition () Delete

Name:

Address:

Address:

City-St-Zip:

City-St-Zip:

City-St-Zip: ODESSA, FL 33556

Title: MGR () Delete
Name: MILJUS, ROBB

Name:

Address:

Address:

City-St-Zip:

BONIN, DONALD

16128 MUIRFIELD DR

MILJUS, ROBB 16128 MUIRFIELD DR ODESSA, FL 33556 Title: () Change () Addition Name:

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: DONALD BONIN MGR 04/14/2005