## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L04000002608

Entity Name: AUTOMATED MAILING, LLC

FILED Apr 27, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

3625 W. CYPRESS ST TAMPA, FL 33607 US

Current Mailing Address: New Mailing Address:

PO BOX 320307 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 US

BONIN, DONALD

16705 EAGLE OAK DR

ODESSA, FL 33556 US

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: DON BONIN 04/27/2006

Electronic Signature of Registered Agent Date

## MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: MGR ( ) Delete Title: MGR (X) Change ( ) Addition Name: BONIN, DONALD Name: BONIN, DONALD

 Name:
 BONIN, DONALD
 Name:
 BONIN, DONALD

 Address:
 16128 MUIRFIELD DR
 Address:
 16705 EAGLE OAK DR

 City-St-Zip:
 ODESSA, FL 33556
 City-St-Zip:
 ODESSA, FL 33556

Title: MGR ( ) Delete Title: MGR (X) Change ( ) Addition Name: MILJUS, ROBB Name: MILJUS, ROBB

 Name
 Micros, ROBB

 Address:
 16128 MUIRFIELD DR
 Address:
 5308 WITHAM CT

 City-St-Zip:
 ODESSA, FL 33556
 City-St-Zip:
 TAMPA, FL 33647

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: DON BONIN MGR 04/27/2006