FILED
Mar 14, 2008 08:00 AM
Secretary of State

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000013818

1. Entity Name
MAILCONTROL SYSTEMS, LLC

Principal Place of Business	Mailing Address
219 N. JEFFERSON AVENUE CLEARWATER, FL 33755	219 N. JEFFERSON AVENUE CLEARWATER, FL 33755

DO NOT WRITE IN THIS SPACE

01122008No Chg-LLC CR2E083 (12/07)

4. FEI Number
04-3789166
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

VERIN, PATRICIA W
219 N. JEFFERSON AVENUE
CLEARWATER, FL 33755

DO NOT WRITE IN THIS SPACE

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when name/address)

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	VERIN, DANIEL J
STREET ADDRESS	219 N. JEFFERSON AVENUE
CITY-ST-ZIP	CLEARWATER, FL 33755
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000857980
04/01/08-80027-002 138.75

DO NOT WRITE IN THIS SPACE

11. *I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Patricia W. Verin PATRICIA W. VERIN 1/12/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE