

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000033621

FILED
May 01, 2009
Secretary of State

Entity Name: COLOR PLUS SERVICES LLC

Current Principal Place of Business:

9105 TREMEZZO LN
BOYNTON BEACH, FL 33437

New Principal Place of Business:

Current Mailing Address:

P O BOX 480164
DELRAY BEACH, FL 33448

New Mailing Address:

FEI Number: 20-1080082 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

CALVO, ROMELIA
9105 TREMEZZO LN
BOYNTON BEACH, FL 33437 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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: CALVO, RICHARD
Address: P O BOX 480164
City-St-Zip: DELRAY BEACH, FL 33448

Title: MGRM () Delete
Name: CALVO, RICK
Address: P O BOX 480164
City-St-Zip: DELRAY BEACH, FL 33448

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 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: CALVO RICHARD

MGR

05/01/2009

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