

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000034741

FILED  
Jul 06, 2006  
Secretary of State

Entity Name: VERSATEC PRINTING, LLC

**Current Principal Place of Business:**

6043 NW 167TH STREET  
SUITE A17  
MIAMI LAKES, FL 33015 US

**New Principal Place of Business:**

**Current Mailing Address:**

6043 NW 167TH STREET  
SUITE A17  
MIAMI LAKES, FL 33015 US

**New Mailing Address:**

FEI Number: 90-0181040      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
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:**

FRAWLEY, MICHAEL J  
6043 NW 167TH STREET, A-17  
MIAMI LAKES, FL 33015 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: HALL, L. GILBERT  
Address: 3350 NW 112TH STREET  
City-St-Zip: MIAMI, FL 33167 US

Title: MGR ( ) Delete  
Name: HALL, EILEEN  
Address: 3350 NW 112 STREET  
City-St-Zip: MIAMI, FL 33167 US

**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 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: L GILBERT HALL

MGR

07/06/2006

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