

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 06, 2005 8:00 am
Secretary of State

06-06-2005 90559 023 ****50.00

DOCUMENT # L04000046379

1. Entity Name
TONERWHIZ, LLC



Principal Place of Business
2500 E. HALLANDALE BCH. BL.
606
HALLANDALE, FL 33009

Mailing Address
2500 E. HALLANDALE BCH. BL.
606
HALLANDALE, FL 33009

20059827



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

209

Suite, Apt. #, etc.

209

06012005 Chg-LLC CR2E083 (10/03)

City & State

City & State

4. FEI Number

20-2514291

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

YABLON, RANDY H
2500 E. HALLANDALE BCH. BL.
606
HALLANDALE, FL 33300-9

Name

Street Address (P.O. Box Number is Not Acceptable)

2500 E HALLANDALE BCH BLVD

209

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by September 7, 2005**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGR.
R., ROSS S
2500 E. HALLANDALE BCH. BL. #222
HALLANDALE, FL 33009

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGR
MURRAY LINDER
2500 E. HALLANDALE BCH BLVD - 1109
HALLANDALE FL 33009

☐ Change ☒ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(9)(f), 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 609, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

6.1.05 954.454.8377