


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 07, 2006 8:00 am
Secretary of State

08-07-2006 90111 036 ****50.00

DOCUMENT # L04000047130 1. Entity Name SIGNPRINTERS OF APALACHICOLA, LLC					
Principal Place of Business 441 A WEST HIGHWAY 98 APALACHICOLA, FL 32320 US			Mailing Address 1486 MAX DRIVE TALLAHASSEE, FL 32303		
2. Principal Place of Business 441-A West Hwy 98 Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State Apalachicola FL			City & State 		
Zip 32320		Country		Zip Country	
4. FEI Number 20-1285594				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent KING, KIMBERLY L HAYWARD & GRANT, P.A. ORLANDO, FL 32809			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 <u><i>Carolyn E. Pippenger</i></u> 7/31/06 <small>Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating). DATE</small>					
Filing Fee is \$50.00 Due by September 6, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PIPPENGER, CAROLYN E 1486 MAX DRIVE TALLAHASSEE, FL 32303	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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: <u><i>Carolyn E. Pippenger</i></u> Carolyn E. Pippenger			Date <u>7/31/06</u> Daytime Phone # <u>850-575-3828</u>		