

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 25, 2007 8:00 am
Secretary of State

04-25-2007 90039 045 ****50.00

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1. Entity Name
SIGNPRINTERS OF APALACHICOLA, LLC



Principal Place of Business Mailing Address
~~441 A WEST HWY 90~~ 1486 Max Dr. 1486 MAX DRIVE
~~APALACHICOLA, FL 32320~~ US TALLAHASSEE, FL 32303
Tallahassee FL 32303

60040300



2. Principal Place of Business - No P.O. Box # 3. Mailing Address

1486 Max Dr Suite, Apt. #, etc.

FL Suite, Apt. #, etc.

City & State City & State

Tallahassee FL

Zip Country Zip Country

32303 USA

04112007 Chg-LLC CR2E083 (12/06)

4. FEI Number Applied For
20-1285594 Not Applicable

5. Certificate of Status Desired ☐ \$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 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 Carolyn E. Pippenger DATE 4/23/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00
Due by May 1, 2007

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME PIPPENGER, CAROLYN E ☐ Delete
STREET ADDRESS 1486 MAX DRIVE
CITY-ST-ZIP TALLAHASSEE, FL 32303

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: Carolyn E. Pippenger Carolyn E Pippenger 4/12/07 850.575.3828
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #