

2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L04000056009

Entity Name: ALL PRINT SERVICE, LLC

FILED
Jun 17, 2008
Secretary of State

Current Principal Place of Business:

1362 N KILLIAN DR
LAKE PARK, FL 33403 US

New Principal Place of Business:

Current Mailing Address:

1362 N KILLIAN DR
LAKE PARK, FL 33403 US

New Mailing Address:

FEI Number: 20-1422916

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GOLDBERG, HENRY
7897 AMETHYST LAKE POINT
LAKE WORTH, FL 33467 US

Name and Address of New Registered Agent:

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: PRES () Delete
Name: GOLDBERG, HENRY
Address: 1362 N KILLIAN DRIVE
City-St-Zip: LAKE PARK, FL 33403

Title: VP () Delete
Name: GOLDBERG, SCOTT
Address: 1362 N KILLIAN DRIVE
City-St-Zip: LAKE PARK, FL 33403

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: SEC (X) Change () Addition
Name: GOLDBERG, HENRY
Address: 1362 N KILLIAN DRIVE
City-St-Zip: LAKE PARK, FL 33403

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PRES () Change (X) Addition
Name: GRAHAM, EDWARD J MR
Address: 2418 WESTMONT DR
City-St-Zip: ROYAL PALM BEACH, FL 33403

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: HENRY GOLDBERG

SEC

06/17/2008

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