

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000069768

Entity Name: GRAPHIC SOLUTIONS, LLC

FILED
Nov 02, 2007
Secretary of State

Current Principal Place of Business:

13336 NW 8TH LANE
MIAMI, FL 33182

New Principal Place of Business:

Current Mailing Address:

13336 NW 8TH LANE
MIAMI, FL 33182

New Mailing Address:

FEI Number: 96-2769468 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
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:

GUTIERREZ, JULIO R
13336 NW 8TH LANE
MIAMI, FL 33182 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: JULIO GUTIERREZ

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: GUTIERREZ, JULIO R
Address: 13336 NW 8TH LANE
City-St-Zip: MIAMI, FL 33182

Title: MGRM () Delete
Name: GUTIERREZ, MARCELLO
Address: 13336 NW 8TH LANE
City-St-Zip: MIAMI, FL 33182

Title: MGRM () Delete
Name: GUTIERREZ, DANIEL
Address: 13336 NW 8TH LANE
City-St-Zip: MIAMI, FL 33182

ADDITIONS/CHANGES:

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

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 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: JULIO GUTIERREZ

MGR

11/02/2007

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