FILED
May 31, 2005 8:00 am
Secretary of State
04-28-2005 90036 046 ****50.00

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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DOCUMENT # L04000073169

1. Entity Name
FLORIDA OFFICE PRODUCTS, LLC

30008289

Principal Place of Business	Mailing Address
4235 WOODVILLE HWY. TALLAHASSEE, FL ~~32314~~	4235 WOODVILLE HWY. TALLAHASSEE, FL 32314

04262005 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business		3. Mailing Address	
4235 Woodville Hwy		P.O. Box 5989	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Tallahassee, FL		City & State: Tallahassee, FL	
Zip: 32305	Country: US	Zip: 32314	Country: US

4. FEI Number: 20-1780620 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

GOVE, DOUGLAS
4235 WOODVILLE HWY.
TALLAHASSEE, FL ~~32314~~

7. Name and Address of New Registered Agent

Name: Gove, Douglas W.
Street Address (P.O. Box Number is Not Acceptable): 4235 Woodville Hwy
City: Tallahassee FL Zip Code: 32305

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] Douglas W. Gove Pres. 4/20/05
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 May 1, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE President NAME Gove, Douglas STREET ADDRESS 4235 Woodville Hwy CITY-ST-ZIP Tallahassee, FL 32305	☐ Change ☑ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: [signature] Douglas W. Gove President 4/20/05 850-878-2654
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #