

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000073169

FILED  
Apr 29, 2008  
Secretary of State

Entity Name: FLORIDA OFFICE PRODUCTS, LLC

**Current Principal Place of Business:**

4235 WOODVILLE HWY.  
TALLAHASSEE, FL 32305

**New Principal Place of Business:**

3278 CRAWFORDVILLE HWY  
H  
CRAWFORDVILLE, FL 32327

**Current Mailing Address:**

P.O. BOX 5989  
TALLAHASSEE, FL 32314

**New Mailing Address:**

FEI Number: 20-1780620

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GOVE, DOUGLAS  
4235 WOODVILLE HWY.  
TALLAHASSEE, FL 32305 US

**Name and Address of New Registered Agent:**

GOVE, DOUGLAS  
3278 CRAWFORDVILLE HWY  
H  
CRAWFORDVILLE, FL 32327 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:

04/29/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: P ( ) Delete  
Name: GOVE, DOUGLAS  
Address: 4235 WOODVILLE HWY  
City-St-Zip: TALLAHASSEE, FL 32305

**ADDITIONS/CHANGES:**

Title: P (X) Change ( ) Addition  
Name: GOVE, DOUGLAS  
Address: PO BOX 5989  
City-St-Zip: TALLAHASSEE, FL 32314 US

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: DOUGLAS GOVE

P

04/29/2008

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