

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 07, 2005 8:00 am
Secretary of State

01-07-2005 90023 017 ****50.00

DOCUMENT # L04000073239

1. Entity Name
DOLPHIN PRINT MANAGEMENT SERVICES, LLC



Principal Place of Business
~~1503 LEGACY CLUB DRIVE~~
~~MAITLAND, FL 32751~~

Mailing Address
~~1503 LEGACY CLUB DRIVE~~
~~MAITLAND, FL 32751~~

40000180



2. Principal Place of Business
925 SUNSHINE LANE

3. Mailing Address
925 SUNSHINE LANE

Suite, Apt. #, etc.
1110

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1110

01042005 Chg-LLC CR2E083 (10/03)

City & State
ALTAMONTE SPRINGS, FL

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ALTAMONTE SPRINGS, FL

4. FEI Number
35-2242701 Applied For
Not Applicable

Zip Country
32714 USA

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32714 USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MELCHIORRE, GARY G
1503 LEGACY CLUB DRIVE
MAITLAND, FL 32751

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 *[Signature]*

DATE **1/5/04**

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, 2005

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **PRESIDENT**
STREET ADDRESS **GARY MELCHIORRE**
CITY-ST-ZIP **1503 LEGACY CLUB DRIVE**
MAITLAND, FL 32751 "MGR"

TITLE ☐ Delete
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CITY-ST-ZIP

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CITY-ST-ZIP

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]

DATE **1/4/05** DAYTIME PHONE # **(407) 645-1300**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #