

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000073239

**FILED**  
**Jan 05, 2010**  
**Secretary of State**

**Entity Name:** DOLPHIN PRINT MANAGEMENT SERVICES, LLC

**Current Principal Place of Business:**

925 SUNSHINE LANE  
SUITE # 1110  
ALTAMONTE SPRINGS, FL 32714

**New Principal Place of Business:**

**Current Mailing Address:**

925 SUNSHINE LANE  
SUITE # 1110  
ALTAMONTE SPRINGS, FL 32714

**New Mailing Address:**

**FEI Number:** 32-0133386

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MELCHIORRE, GARY G  
816 CHALLIS POINT  
LONGWOOD, FL 32779 US

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

MELCHIORRE, GARY G GARY ME  
816 CHALLIS POINT  
LONGWOOD, FL 32779 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: GARY MELCHIORRE

01/05/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MY  
Name: MELCHIORRE, GARY G GARY ME  
Address: 816 CHALLIS POINT  
City-St-Zip: LONGWOOD, FL 32779

I hereby 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: GARY MELCHIORRE

MR

01/05/2010

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