

# **2010 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L04000073525

**Entity Name:** CONSOLIDATED PRINT, L.L.C.

**FILED**  
**Oct 01, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

702 CARIBBEAN WAY  
NICEVILLE, FL 32578

**New Principal Place of Business:**

1759 OSPREY COVE  
NICEVILLE, FL 32578

**Current Mailing Address:**

702 CARIBBEAN WAY  
NICEVILLE, FL 32578

**New Mailing Address:**

1759 OSPREY COVE  
NICEVILLE, FL 32578

**FEI Number:** 20-1727173

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

STRICKLAND, STEFANIE  
702 CARIBBEAN WAY  
NICEVILLE, FL 32578 US

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

STRICKLAND, STEFANIE  
1759 OSPREY COVE  
NICEVILLE, FL 32578 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: STEFANIE STRICKLAND

10/01/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR

**Name:** STRICKLAND, STEFANIE T MGR

**Address:** 1759 OSPREY COVE

**City-St-Zip:** NICEVILLE, FL 32578

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: STEFANIE STRICKLAND

MGR

10/01/2010

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