

2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000076701

FILED
Sep 26, 2005
Secretary of State

Entity Name: INSTANT PRINT PROMOTIONS, LLC

Current Principal Place of Business:

15713 MUIRFIELD DRIVE
ODESSA, FL 33556

New Principal Place of Business:

Current Mailing Address:

15713 MUIRFIELD DRIVE
ODESSA, FL 33556

New Mailing Address:

FEI Number: 20-1786530 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 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: NATALIA UTRERA

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

ADDITIONS/CHANGES:

Title: MGR () Delete
Name: PARRISH, DAVID L
Address: 15713 MUIRFIELD DRIVE
City-St-Zip: ODESSA, FL 33556

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR () Delete
Name: NICHOLSON, WILLIAM C
Address: 15713 MUIRFIELD DRIVE
City-St-Zip: ODESSA, FL 33556

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S () Delete
Name: NICHOLSON, WILLIAM C
Address: 15713 MUIRFIELD DRIVE
City-St-Zip: ODESSA, FL 33556

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T () Delete
Name: PARRISH, DAVID L
Address: 15713 MUIRFIELD DRIVE
City-St-Zip: ODESSA, FL 33556

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: DAVID L. PARRISH

MGR

09/26/2005

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