2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

Mar 30, 2005 8:00 am Secretary of State DOCUMENT # L04000085742 03-30-2005 90160 003 ****50.00 GRAPHIC IMAGING SOLUTIONS, LLC Principal Place of Business Mailing Address 3117-A SAN FERNANDO DRIVE 3117-A SAN FERNANDO DRIVE DELRAY BEACH, FL 33445 DELRAY BEACH, FL 33445 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 03042005 Chg-LLC CR2E083 (10/03) City & State City & State Applied For FEI Number Not Applicable Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FILINGS, INC. 3732 N.W. 16TH STREET Street Address (P.O. Box Number is Not Acceptable) FT. LAUDERDALE, FL 33311-4132 City 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 Synature, 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 MGRM TITLE TITLE Change Addition ☐ Delete TAGARIELLO, MICHAEL A NAME NAME 3117-A SAN FERNANDO DRIVE STREET ADDRESS STREET ADDRESS CHY-ST-7P DELRAY BEACH, FL 33445 CITY-ST-7P TITLE Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS COTY-ST-7/P CITY-ST-ZIP Change ☐ Addition TITI F ☐ Delete IIILE NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ■ Addition DIF ☐ Change NAME STREET ADDRESS STREET ADDRESS 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.

FILED