

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000006686

Entity Name: EPRESSIVE, LLC

**FILED**  
**Jan 04, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

5032 CARILLON LANE  
WINDERMERE, FL 34786 US

**New Principal Place of Business:**

5131 TILDENS GROVE BLVD  
WINDERMERE, FL 34786 US

**Current Mailing Address:**

1517 E. HILLCREST STREET  
ORLANDO, FL 32803 US

**New Mailing Address:**

FEI Number: 20-2214100

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SMALLEY, CRAIG W E.A.  
1517 E. HILLCREST STREET  
ORLANDO, FL 32803 US

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

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: SCHROEDER, TIMOTHY J  
Address: 5131 TILDENS GROVE BLVD  
City-St-Zip: WINDERMERE, FL 34786 US

Title: MGRM  
Name: SCHROEDER, DEBORAH A  
Address: 5131 TILDENS GROVE BLVD  
City-St-Zip: WINDERMERE, FL 34786 US

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: TIMOTHY SCHROEDER

MGRM

01/04/2012

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