

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000008365

Entity Name: CTS ENGRAVING, LLC

FILED
Mar 22, 2009
Secretary of State

Current Principal Place of Business:

501 S. FALKENBURG ROAD
D19
TAMPA, FL 33619

Current Mailing Address:

501 S. FALKENBURG ROAD
D19
TAMPA, FL 33619

New Principal Place of Business:

333 N. FALKENBURG ROAD
C303
TAMPA, FL 33619

New Mailing Address:

333 N. FALKENBURG ROAD
C303
TAMPA, FL 33619

FEI Number: 20-0661886

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OLSON, SCOTT D PRES.
501 SOUTH FALKENBURG ROAD
D19
TAMPA, FL 33619 US

Name and Address of New Registered Agent:

OLSON, SCOTT D PRES.
333 N. FALKENBURG ROAD
C303
TAMPA, FL 33619 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:

03/22/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: PRES () Delete
Name: OLSON, SCOTT D
Address: 501 S. FALKENBURG ROAD
City-St-Zip: TAMPA,, FL 33619

ADDITIONS/CHANGES:

Title: PRES (X) Change () Addition
Name: OLSON, SCOTT D
Address: 333 N. FALKENBURG ROAD
City-St-Zip: TAMPA,, FL 33619

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: SCOTT OLSON

MGR

03/22/2009

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