2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 08, 2008
Secretary of State

DOCUMENT# L05000010823

Entity Name: TROPICAL REPROGRAPHICS, LLC

Current Principal Place of Business:

324 NICHOLAS PKWY W
UNIT D
CAPE CORAL, FL 33991

New Principal Place of Business:

324 NICHOLAS PKWY W
UNIT E
CAPE CORAL, FL 33991

Current Mailing Address:

324 NICHOLAS PKWY W
UNIT D
CAPE CORAL, FL 33991

New Mailing Address:

324 NICHOLAS PKWY W
UNIT E
CAPE CORAL, FL 33991

FEI Number: 20-2171558 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

STOUTEN, JEFFREY
324 NICHOLAS PKWY W
UNIT D
CAPE CORAL, FL 33991 US

Name and Address of New Registered Agent:

STOUTEN, JEFFREY
324 NICHOLAS PKWY W
UNIT E
CAPE CORAL, FL 33991 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: JEFFREY D STOUTEN 01/08/2008
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: STOUTEN, JEFFREY
Address: 324 NICHOLAS PKWY W
City-St-Zip: CAPE CORAL, FL 33991

Title: MGRM ( ) Delete
Name: STOUTEN, KELLY
Address: 324 NICHOLAS PKWY W
City-St-Zip: CAPE CORAL, FL 33991

Title: MGRM ( ) Delete
Name: STOUTEN, DONALD
Address: 324 NICHOLAS PKWY W
City-St-Zip: CAPE CORAL, FL 33991

Title: MGRM ( ) Delete
Name: STOUTEN, DEEANNA
Address: 324 NICHOLAS PKWY W
City-St-Zip: CAPE CORAL, FL 33991

ADDITIONS/CHANGES:

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

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

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

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

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: JEFFREY D STOUTEN MGRM 01/08/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date