

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 27, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000020355

1. Entity Name
HANDLED WITH CARE CUSTOM STATIONERY, LLC



Principal Place of Business
**16319 ASHINGTON PARK DR.
TAMPA, FL 33647**

Mailing Address
**P.O. BOX 48316
TAMPA, FL 33647**



02012007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-2354402

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MACCHIAROLA, AMY
16319 ASHINGTON PARK DR.
TAMPA, FL 33647**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature required when reinstating)

DATE

2/1/07

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
MACCHIAROLA, AMY
16319 ASHINGTON PARK DR.
TAMPA, FL 33647**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000680939
04/04/07-80023-012 50.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

SIGNATURE

AMY K. MACCHIAROLA

2/1/07

813495097