

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Sep 04, 2007 8:00 am
Secretary of State

09-04-2007 90084 005 ****50.00

DOCUMENT # L05000053399

1. Entity Name

CARTRIDGES OF PALM COAST LLC



Principal Place of Business

7 BURNET PLACE
PALM COAST FL 32137

Mailing Address

P.O. BOX 353487
PALM COAST FL 32135
US



2. Principal Place of Business - No P.O. Box #

1278 Palm Coast Pkwy SW

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

2nd MOORE

CR2E083 (4/07)

City & State

Palm Coast, FL

City & State

City & State

4. FEI Number

86-1140555

Applied For

Not Applicable

Zip

32137

Country

Flagler

Zip

Zip

Country

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

TOBECK, JOCHEN H SR
7 BURNET PLACE
PALM COAST, FL FL 32137

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 5, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☐ Delete
NAME TOBECK, JOCHEN H SR
STREET ADDRESS 7 BURNET PLACE
CITY-ST-ZIP PALM COAST FL 32137

TITLE MGRM ☐ Delete
NAME TOBECK, TRAUDEL M MRS
STREET ADDRESS 7 BURNET PLACE
CITY-ST-ZIP PALM COAST FL 32137

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

08-28-07 386/447-9977

Date Daytime Phone #