

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000063588

FILED  
Apr 28, 2006  
Secretary of State

Entity Name: XPRESSPRINT, LLC

**Current Principal Place of Business:**

5536 NW 114 AVE  
UNIT 204  
DORAL, FL 33178 US

**New Principal Place of Business:**

15103 NW 8TH ST.  
PEMBROKE PINES, FL 33028 US

**Current Mailing Address:**

5536 NW 114 AVE  
UNIT 204  
DORAL, FL 33178 US

**New Mailing Address:**

15103 NW 8TH ST.  
PEMBROKE PINES, FL 33028 US

FEI Number:                      FEI Number Applied For (X)                      FEI Number Not Applicable ( )                      Certificate of Status Desired ( )

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

AMENDOLARA, ROCCO  
5536 NW 114 AVE  
UNIT 204  
DORAL, FL 33178 US

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

AMENDOLARA, ROCCO  
15103 NW 8TH ST.  
PEMBROKE PINES, FL 33028 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: \_\_\_\_\_ 04/28/2006  
Electronic Signature of Registered Agent                      Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: AMENDOLARA, ROCCO  
Address: 5536 NW 114 AVE, UNIT 204  
City-St-Zip: DORAL, FL 33178 US

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: AMENDOLARA, ROCCO  
Address: 15103 NW 8TH ST.  
City-St-Zip: PEMBROKE PINES, FL 33028 US

I hereby certify that the information supplied with this filing does not qualify for the 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: RA                      MGR                      04/28/2006  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date