


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 02, 2007 8:00 am
Secretary of State

04-02-2007 90441 007 ****50.00

DOCUMENT # L05000083191	
1. Entity Name GRAPHIC MIRACLES & MORE LLC	

Principal Place of Business 465 MARLBOROUGH STREET, SUITE B- OLD MAR FL 34677	Mailing Address 455 MARLBOROUGH STREET, SUITE B- OLD MAR FL 34677
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2. Principal Place of Business - No P.O. Box # 4126 Lamson Avenue	3. Mailing Address Suite, Apt. #, etc. <i>Same</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State Spring Hill, FL	City & State
Zip 34608	Country
County Hernando	

1st MOORE CR2E083 (10/06)

4. FEI Number 11-3731176	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent FALGE, CAROLYN 465 MARLBOROUGH STREET, SUITE B- OLD MAR FL 34677 4126 Lamson Avenue Spring Hill, FL 34608	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY ST ZIP	MGR CROSBY, JOYCE 27143 ROCHELLE ROAD BROOKSVILLE FL 34602 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	MGR FALGE, CAROLYN 27137 ROCHELLE ROAD BROOKSVILLE FL 34602 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Joyce Crosby* *Joyce Crosby* 3/22/07 352-666-8115
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #