

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 02, 2007 08:00 A
Secretary of State

DOCUMENT # L05000087157

1. Entity Name
PRINTERS PLUS LLC



Principal Place of Business

4899 W. WATERS AVE
SUITE D
TAMPA, FL 33634 US

Mailing Address

4899 W. WATERS AVE
SUITE D
TAMPA, FL 33634 US



04302007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
84-1699806

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

MORGAN, PHYLLIS
4899 W. WATERS AVE
SUITE D
TAMPA, FL 33634

**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 _____

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

U00000757604
05/23/07-90078-014 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	MORGAN, PHYLLIS
STREET ADDRESS	4899 W. WATERS AVE, SUITE D
CITY-ST-ZIP	TAMPA, FL 33634

TITLE	
NAME	
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CITY-ST-ZIP	

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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: *Phyllis Morgan*

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

4-25-07 813-240-3182

Date

Daytime Phone #