

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000096574

FILED
Apr 28, 2009
Secretary of State

Entity Name: WRAP SIGN & DESIGN, LLC

Current Principal Place of Business:

1225 TAMIAMI TRAIL
UNIT B-1
PORT CHARLOTTE, FL 33953 US

New Principal Place of Business:

18290 PAULSON DRIVE
UNIT A-3
PORT CHARLOTTE, FL 33954 US

Current Mailing Address:

1225 TAMIAMI TRAIL
UNIT B-1
PORT CHARLOTTE, FL 33953 US

New Mailing Address:

18290 PAULSON DRIVE
UNIT A-3
PORT CHARLOTTE, FL 33954 US

FEI Number: 20-3547731

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMITH, JAMES L
1225 TAMIAMI TRAIL
UNIT B-1
PORT CHARLOTTE, FL 33953 US

Name and Address of New Registered Agent:

SMITH, JAMES L
18290 PAULSON DRIVE
UNIT BA-3
PORT CHARLOTTE, FL 33954 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: _____

04/28/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: SMITH, JAMES L
Address: 1193 PRESQUE ISLE DRIVE
City-St-Zip: PORT CHARLOTTE, FL 33952 US

Title: MGR () Delete
Name: SMITH, JOSHUA L
Address: 20150 S RIVER ROAD
City-St-Zip: ALVA, FL 33920 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: JAMES L SMITH

PRES

04/28/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date