

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L05000118932

1. Entity Name
PRINT FINISHING SALES & SERVICES, LLC



Principal Place of Business
4954 GARDINERS BAY CIRCLE
SARASOTA, FL 34238

Mailing Address
4954 GARDINERS BAY CIRCLE
SARASOTA, FL 34238

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03232007 REIN-LLC CR2E101 (1/07)

4. FEI Number
20-3963191

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BUSTARD, R D
200 SOUTH ORANGE AVE.
SARASOTA, FL 34236

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 (Applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

R. DAVID BUSTARD

3/30/07

FILE NOW!!! FEE IS \$100.00

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
PETZOLD, VOLKER
4954 GARDINERS BAY CIRCLE
SARASOTA, FL 34238 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
100097214231
04/17/07--01036--009 **100.00 ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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REINSTATEMENT 06-07

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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

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

Date

Daytime Phone #

3-30-07

941-927-5933

FILED

2007 APR 11 AM 10:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

