

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 11, 2007 8:00 am
Secretary of State

04-11-2007 90159 003 ****50.00

DOCUMENT # L06000009019

1. Entity Name
TK TONERS, LLC



Principal Place of Business
1420 NE 39TH ST.
OCALA, FL 34479

Mailing Address
1420 NE 39TH ST.
OCALA, FL 34479

60033140



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02022007 Chg-LLC CR2E083 (12/06)

City & State

City & State

4. FEI Number

20-4242471

Applied For

Not Applicable

Zip

Country

Zip

Country

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

MURPHY, JOE
1420 NE 39TH ST.
OCALA, FL 34479

Name

GERALD J. MURPHY

Street Address (P.O. Box Number is Not Acceptable)

1420 NE 39TH ST.

City

OCALA

FL

Zip Code

34479

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

Gerald J. Murphy

GERALD J. MURPHY

4/10/2007

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

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
MURPHY, JOE
1420 NE 39TH ST
OCALA, FL 34479 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MURPHY, GERALD J.
☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGR
MURPHY, ELANA
1420 NE 39TH ST
OCALA, FL 34479 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MANSSUR-MURPHY ELENA.
☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

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

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☐ 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

Elena Mangsur-Murphy

ELENA MANGSUR-MURPHY

4/10/2007

352-854-6900

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

Date

Daytime Phone #