

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000013917

Entity Name: TALQUIN GRAPHICS, LLC

**FILED**  
**Jan 06, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

3217 LUTHER HALL ROAD  
TALLAHASSEE, FL 32310

**New Principal Place of Business:**

**Current Mailing Address:**

3217 LUTHER HALL ROAD  
TALLAHASSEE, FL 32310

**New Mailing Address:**

FEI Number: 20-4286394

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LOWE, FRANCES CASEY ESQ.  
3119-B CRAWFORDVILLE HWY.  
CRAWFORDVILLE, FL 32327 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: NGRN  
Name: FLOWERS, LEATHA LONNIE  
Address: 3217 LUTHER HALL ROAD  
City-St-Zip: TALLAHASSEE, FL 32310

Title: NGRN  
Name: HOBBS, ELIZABETH ANNE  
Address: 20841 OSPREY LANE  
City-St-Zip: TALLAHASSEE, FL 32310

Title: NGRN  
Name: FIELD, PAUL  
Address: 1908 MYRICK LN  
City-St-Zip: TALLAHASSEE, FL 32303

I hereby 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: ELIZABETH ANNE HOBBS

NGRN

01/06/2011

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