

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000025740

FILED  
May 21, 2007  
Secretary of State

**Entity Name:** CUSTOM MONOGRAMMING LLC

**Current Principal Place of Business:**

601 S.E. CALMOSO DRIVE  
PORT ST. LUCIE, FL 34983

**New Principal Place of Business:**

**Current Mailing Address:**

601 S.E. CALMOSO DRIVE  
PORT ST. LUCIE, FL 34983

**New Mailing Address:**

FEI Number: 20-4473963      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

LAPADULA, TAMMY  
601 S.E. CALMOSO DRIVE  
PORT ST. LUCIE, FL 34983      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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM      ( ) Delete  
Name: LAPADULA, TAMMY  
Address: 601 S.E. CALMOSO DRIVE  
City-St-Zip: PORT ST. LUCIE, FL 34983

Title: MGRM      ( ) Delete  
Name: LAPADULA, JOHN H  
Address: 601 S.E. CALMOSO DRIVE  
City-St-Zip: PORT ST. LUCIE, FL 34983

**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: TAMMY LAPADULA

MM

05/21/2007

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