

# 2008 LIMITED LIABILITY COMPANY REINSTATEMENT

**FILED**  
**May 08, 2008 8:00 A.M.**  
**Secretary of State**

DOCUMENT # L06000065843					
1. Entity Name L & M PRINTING, LLC					
Principal Place of Business 2944 SOUTH FLORIDA AVENUE LAKELAND, FL 33803			Mailing Address 2944 SOUTH FLORIDA AVENUE LAKELAND, FL 33803		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>20-5103814</b>	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  KORLEY, ISABELLA 2944 SOUTH FLORIDA AVENUE LAKELAND, FL 33803			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> 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 <u><i>Isabella Korley</i></u> DATE <u>5/6/08</u> <small>Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$277.50</b>		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	MGR KORLEY, ISABELLA 2944 SOUTH FLORIDA AVENUE LAKELAND, FL 33803	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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Change ☒ Addition ☐

REINSTATEMENT 07-08



| 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: *Isabella Korley* DATE: 5/6/08  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | | | | | |