

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000089554

1. Entity Name
GEMINI GRAPHICS AND SIGNS, LLC



Principal Place of Business
800 ELM AVE.
SANFORD, FL 32771 US

Mailing Address
800 ELM AVE.
SANFORD, FL 32771 US

FILED
07 MAY 10 PM 2:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
BK



04232007 Chg-LLC CR2E083 (12/06)

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

4. FEI Number

43 21 11 105

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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301

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 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
ASKEW, TRACY J
800 ELM AVE.
SANFORD, FL 32771 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
200102104982

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
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☐ Change ☐ Addition

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CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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 #



CORPORATION SERVICE COMPANY

L06000089554

ACCOUNT NO. : 072100000032

REFERENCE : 889210 7549874

AUTHORIZATION :

COST LIMIT : \$ 50.00

ORDER DATE : May 8, 2007

ORDER TIME : 9:24 AM

ORDER NO. : 889210-005

CUSTOMER NO: 7549874

ANNUAL REPORT FILING

NAME: GEMINI GRAPHICS AND SIGNS,
LLC

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Doreen Wallace-EXT#2928

EXAMINER'S INITIALS: _____

BK

BK

FILED
07 MAY 10 PM 2:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
MAY 10 AM 11:25
TO AGENCY OF FILING
SUFFICIENCY OF FILING