## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Apr 30, 2008 8:00 am Secretary of State 04-30-2008 90042 015 \*\*\*138.75

DOCUMENT # L06000104991  1. Entity Name AMERICA'S MARKETING AND GRAPHICS LLC							04-30-2008	90042 015 ***	138.75
SUITE 420 SUITE 420 TAMPA, FL 33607 TAMPA, FL 33607			1511 N WEST SHORE BI				60934	986 	N 11888 I IN 1888
			3. Mailing Address				<u> </u>		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		03212008	Chg-LLC	CR2E083 (12/0	·	
City & State			City & State		4. FEI Number 20-5789			Applied For Not Applicable	
Zip	Country		Zip	Country		5. Certificate o	f Status Desired	□ \$5.00 Fee Req	Additional iired
	6. Name and Addres	ss of Current Re	gistered Agent			7. Name and A	ddress of New Re	egistered Agent	
				1	Vame				
CINTRON, ANGEL E 2116 BRANCH HILL ST TAMPA, FL 33612				S	Street Address (P.O. Box Number is Not Acceptable)				
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				۱۰	City			FL   Zip (	ode
	named entity submits the	is statement for the	ne purpose of changing its r	egistered o	office or register	ed agent, or both	, in the State of Flo	rida. I am familiar w	ith, and accept
SIGNATURE .	Signature, typed or printed name	of registered agent and	title if applicable. {NOTE:	Registered Age	ent signature required	when reinstating)		DATE	
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75									
								check payable to Department of S	
	1, 2008 Fee will		S/MANAGERS	10.				Department of S	
After May	1, 2008 Fee will	be \$538.75	S/MANAGERS Defete	10. TITLE			Florida	Department of S	tate
After May	7 1, 2008 Fee will	GING MEMBERS	☐ Defete	TITLE NAME			Florida	Department of S	tate
9. IITLE NAME STREET ADDRESS	MANA MGR CINTRON-AVILES, 2116 BRANCH HILL	GING MEMBERS	☐ Defete	TITLE NAME STREET AL			Florida	Department of S	tate
9. IIILE NAME	MANA MGR CINTRON-AVILES, 2116 BRANCH HILL TAMPA, FL 33612	GING MEMBERS	☐ Defete MS	TITLE NAME			Florida	CHANGES Chan	ge Addition
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	MANA MGR CINTRON-AVILES, 2116 BRANCH HILL TAMPA, FL 33612 MGRM	GING MEMBERS ANGELETTE I	☐ Defete	TITLE NAME STREET AT CITY-ST- TITLE			Florida	Department of S	ge Addition
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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 he same legal effect as if made under oath; that I am a managing member or manager in limited liability company or the receiver or trustee empewered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: A COLL THE APPLICATION AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, IT AUTHORIZED REPRESENTATIVE

Davtime Phone #