2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L07000000695

1. Entity Name
PRINTPRO, LLC

Principal Place of Business	Mailing Address
6089 CLEAR CREEK RD CRESTVIEW, FL 32539	PO BOX 129 FT WALTON BEACH, FL 32549-0129

60039884

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

04282008   Chg-LLC   CR2E083 (12/06)

Zip	Country	Zip	Country

4. FEI Number 87-0791431 | Applied Fc | Not Applic

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
BOYLAN, SHIRLEY 6089 CLEAR CREEK RD CRESTVIEW, FL 32539	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 acc 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

FILE NOW!!! FEE IS $138.75 **After May 1, 2008 Fee will be $538.75**		**Make check payable to** **Florida Department of State**

9.	MANAGING MEMBERS / MANAGERS		**10.**		ADDITIONS / CHANGES	
TITLE	MGR	☐ Delete	TITLE		☐ Change	☐ Ad
NAME	BOYLAN, JOSEPH A		NAME			
STREET ADDRESS	6089 CLEAR CREEK RD		STREET ADDRESS			
CITY-ST-ZIP	CRESTVIEW, FL 32539		CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Ad
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Ad
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NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			

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.