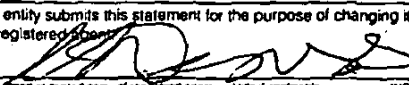
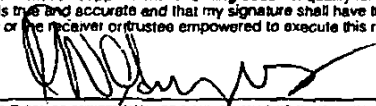


FILED
Mar 03, 2008 8:00 am
Secretary of State

01-14-2008 90045 044 ***138.75

2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L07000011767					
1. Entity Name E-POST LLC					
Principal Place of Business 250 W. LAKE MARY BLVD. SANFORD, FL 32773 US			Mailing Address 250 W. LAKE MARY BLVD. SANFORD, FL 32773 US		
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 26-1796409				Applied For Not Applicable	
5. Certificate of Status Desired ☐				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent SIMPLYTEK 4185 WEST LAKE MARY BLVD 190 LAKE MARY, FL 32746				7. Name and Address of New Registered Agent	
Name					
Street Address (P.O. Box Number is Not Acceptable)					
City				FL Zip	
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 				DATE 1/11/08	
SIGNATURE (Typed or printed name of registered agent and title if applicable)				(NOTE: Registered Agent signature required when reappointing)	
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 ☐ Addition
NAME	GUERRE, ALAIN R			NAME	
STREET ADDRESS	250 W. LAKE MARY BLVD.			STREET ADDRESS	
CITY-ST-ZIP	SANFORD, FL 32773			CITY-ST-ZIP	
TITLE	MGR	☐ Delete		TITLE	☐ Change ☐ Addition
NAME	GUERRE, MIRLENE			NAME	
STREET ADDRESS	250 W. LAKE MARY BLVD.			STREET ADDRESS	
CITY-ST-ZIP	SANFORD, FL 32773			CITY-ST-ZIP	
TITLE		☐ Delete		TITLE	☐ Change ☐ Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		☐ Delete		TITLE	☐ Change ☐ Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		☐ Delete		TITLE	☐ Change ☐ Addition
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 808, Florida Statutes.					
SIGNATURE: 				Date 1/11/08 407-302-1414	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date Daytime Phone #	