

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000017374

FILED
Feb 05, 2009
Secretary of State

Entity Name: KOPY KAT PRINT & COPY SERVICES, LLC

Current Principal Place of Business:

88 W. HICKPOOCHEE AVE
LABELLE, FL 33935

New Principal Place of Business:

360 N. BRIDGE ST
LABELLE, FL 33935

Current Mailing Address:

P O BOX 482
LABELLE, FL 33975

New Mailing Address:

360 N. BRIDGE ST
LABELLE, FL 33935

FEI Number: 33-1153435

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HICKS, CHASSEY J
455 BELMONT ST
LABELLE, FL 33935 US

Name and Address of New Registered Agent:

LUCKEY, JAMES O
14 W WASHINGTON AVENUE
LABELLE, FL 33935 US

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.

SIGNATURE: JAMES O LUCKEY

02/05/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: HICKS, CHASSEY J
Address: 455 BELMONT ST
City-St-Zip: LABELLE, FL 33935

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: KOPY KAT PRINT & DES, IGN, LLC
Address: 360 N. BRIDGE ST
City-St-Zip: LABELLE, FL 33935

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: MELISSA CASTILLO

PRES

02/05/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date