

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L07000082687

FILED
Dec 08, 2008
Secretary of State

Entity Name: TONER DEPOT, LLC

Current Principal Place of Business:

4736 N.W. 14 STREET
COCONUT CREEK, FL 33063

New Principal Place of Business:

615 S STATE RD 7
2C
MARGATE, FL 33068

Current Mailing Address:

4736 N.W. 14 STREET
COCONUT CREEK, FL 33063

New Mailing Address:

615 S STATE RD 7
2C
MARGATE, FL 33068

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

PINDER, RYAN
3111 STIRLING ROAD
FT. LAUDERDALE, FL 33312 US

Name and Address of New Registered Agent:

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: DENIS ALVARADO

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: ALVARADO, DENIS
Address: 4736 N.W. 14 STREET
City-St-Zip: COCONUT CREEK, FL 33063

Title: MGRM (X) Delete
Name: CHEA, CONRAD
Address: 4736 N.W. 14 STREET
City-St-Zip: COCONUT CREEK, FL 33063

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: ALVARADO, DENIS
Address: 615 S STATE RD 7 2C
City-St-Zip: MARGATE, FL 33068

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: DENIS ALVARADO

MGRM

12/08/2008

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