

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000105990

Entity Name: DOT 2 PRINT, LLC

FILED
Mar 10, 2009
Secretary of State

Current Principal Place of Business:

15970 W SR 84
318
SUNRISE, FL 33326

New Principal Place of Business:

591 LIVE OAK LN
WESTON, FL 33327

Current Mailing Address:

15970 W SR 84
318
SUNRISE, FL 33326

New Mailing Address:

591 LIVE OAK LN
WESTON, FL 33327

FEI Number: 26-1810884

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

IBANEZ DE ALDECOA, MARIA M MGR
15970 W SR 84
318
SUNRISE, FL 33326 US

Name and Address of New Registered Agent:

IBANEZ DE ALDECOA, MARIA M MGR
591 LIVE OAK LN
WESTON, FL 33327 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: MARIA M. IBANEZ DE ALDECOA

03/10/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: STORY, MARIA M MGR
Address: 15970 W SR 84
City-St-Zip: SUNRISE, FL 33326

Title: MGR (X) Delete
Name: IBANEZ DE ALDECOA, MARIA M MGR
Address: 15970 W SR 84
City-St-Zip: SUNRISE, FL 33326

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: IBANEZ DE ALDECOA, MARIA M MGR
Address: 591 LIVE OAK LN
City-St-Zip: WESTON, FL 33327

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: MARIA M. IBANEZ DE ALDECOA

MGR

03/10/2009

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