

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000107476

FILED  
Apr 28, 2009  
Secretary of State

Entity Name: INTERNATIONAL PRINTING AND COPYING LLC

## Current Principal Place of Business:

9112 ALTERNATE A1A  
SUITE 213  
NORTH PALM BEACH, FL 33403

## New Principal Place of Business:

5379 LYONS RD  
#171  
COCONUT CREEK, FL 33073

## Current Mailing Address:

5379 LYONS RD. #171  
COCONUT CREEK, FL 33073

## New Mailing Address:

5379 LYONS RD  
#171  
COCONUT CREEK, FL 33073

FEI Number: 26-1296055

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SACCA, MICHAEL T  
5379 LYONS RD. #171  
COCONUT CREEK, FL 33073 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:

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: SACCA, CARRIE A  
Address: 5379 LYONS RD. #171  
City-St-Zip: COCONUT CREEK, FL 33073

Title: MGRM ( ) Delete  
Name: RIVERA, ROSA T  
Address: 5379 LYONS RD. #171  
City-St-Zip: COCONUT CREEK, FL 33073

Title: MGRM ( ) Delete  
Name: TARDINO, MELISSA  
Address: 5379 LYONS RD. #171  
City-St-Zip: COCONUT CREEK, FL 33073

Title: MGRM ( ) Delete  
Name: SACCA, MICHAEL T  
Address: 5379 LYONS RD. #171  
City-St-Zip: COCONUT CREEK, FL 33073

## ADDITIONS/CHANGES:

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

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

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

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: MICHAEL T SACCA

MGRM

04/28/2009

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