

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000116182

FILED  
Apr 23, 2008  
Secretary of State

Entity Name: DIGITAL MAILING SYSTEMS, LLC

## Current Principal Place of Business:

4103 COURTSIDE WAY  
TAMPA, FL 33618

## New Principal Place of Business:

6408 W. LINEBAUGH AVE  
SUITE 103  
TAMPA, FL 33625 US

## Current Mailing Address:

4103 COURTSIDE WAY  
TAMPA, FL 33618

## New Mailing Address:

6408 W. LINEBAUGH AVE  
SUITE 103  
TAMPA, FL 33625 US

FEI Number: 26-1475931

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

RIVELLINI, PETER A  
911 CHESTNUT STREET  
CLEARWATER, FL 33756 US

## Name and Address of New Registered Agent:

MORGAN, MARCUS N  
4103 COURTSIDE WAY  
TAMPA, FL 33618 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: MARCUS MORGAN

04/23/2008

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES:

Title: MGRM ( ) Change (X) Addition  
Name: MORGAN, MARCUS N MGRM  
Address: 4103 COURTSIDE WAY  
City-St-Zip: TAMPA, FL 33618 US

Title: MGRM ( ) Change (X) Addition  
Name: STARK, H VERNOR MGRM  
Address: 4403 CONGRESSIONAL CIR  
City-St-Zip: NIXA, MO 65714 US

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: MARCUS N MORGAN

MGRM

04/23/2008

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