

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 07, 2008 8:00 am
Secretary of State

05-07-2008 90018 041 ***143.75

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| DOCUMENT # L07000119272 1. Entity Name IMPRESS FOR LESS LLC | | | |
| Principal Place of Business 1902 14TH STREET COURT WEST PALMETTO, FL 34221 US | | Mailing Address 1902 14TH STREET COURT WEST PALMETTO, FL 34221 US | |
| 2. Principal Place of Business - No P.O. Box # 1902 14th St Ct. W. | | 3. Mailing Address 1902 14th St. Ct. W. | |
| Suite, Apt. #, etc. ✓ | | Suite, Apt. #, etc. ✓ | |
| City & State Palmetto, FL | | City & State Palmetto, FL | |
| Zip 34221 | | Zip 34221 | |
| Country Manatee | | Country Manatee | |
| 4. FEI Number 04252008 | | Chg-LLC CR2E083 (12/06) | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | <input checked="" type="checkbox"/> Applied For Not Applicable | |
| 6. Name and Address of Current Registered Agent ROBLEDO, LUIS A 1902 14TH STREET COURT WEST PALMETTO, FL 34221 | | 7. Name and Address of New Registered Agent Name Luis Robledo Street Address (P.O. Box Number is Not Acceptable) 1902 14th St. Ct. W. City Palmetto FL Zip Code 34221 | |
| 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u><i>Luis Robledo</i></u> 4-29-08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | |
| FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 | | Make check payable to Florida Department of State | |
| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGR ROBLDO, LUIS A 1902 14TH STREET COURT WEST PALMETTO, FL 34221 | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: <u><i>Luis Robledo</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> | | 4-28-08 941-536-1099 <small>Date Daytime Phone #</small> | |