

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000004934

Entity Name: HARBOUR PRINTING, LLC

FILED  
Apr 30, 2009  
Secretary of State

## Current Principal Place of Business:

2375 ST. JOHNS BLUFF ROAD SOUTH, SUITE 107  
JACKSONVILLE, FL 32246

## New Principal Place of Business:

## Current Mailing Address:

2375 ST. JOHNS BLUFF ROAD SOUTH, SUITE 107  
JACKSONVILLE, FL 32246

## New Mailing Address:

FEI Number: 68-0670301

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PENUEL, WILLIAM R  
13361 ATLANTIC BLVD.  
JACKSONVILLE, FL 32225 US

## Name and Address of New Registered Agent:

GLOVER, JOHN V  
2375 ST. JOHNS BLUFF ROAD S  
SUITE 107  
JACKSONVILLE, FL 32246 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: JOHN V GLOVER

04/30/2009

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: GLOVER, JOHN V  
Address: 2375 ST. JOHNS BLUFF ROAD S  
City-St-Zip: JACKSONVILLE, FL 32246

Title: MGR ( ) Change (X) Addition  
Name: KEENER, TAMI F  
Address: 2375 ST. JOHNS BLUFF ROAD S  
City-St-Zip: JACKSONVILLE, FL 32246

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: JOHN V GLOVER

MGRM

04/30/2009

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