

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000053871

**FILED**  
**Feb 28, 2012**  
**Secretary of State**

**Entity Name:** INNOVATIVE MAILING SOLUTIONS LLC

**Current Principal Place of Business:**

519 NORTH MONROE STREET  
TALLAHASSEE, FL 32301 US

**New Principal Place of Business:**

**Current Mailing Address:**

519 NORTH MONROE STREET  
TALLAHASSEE, FL 32301 US

**New Mailing Address:**

**FEI Number:** 26-2705402

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MIDDLETON, TODD  
2621 CROCKETT COURT  
TALLAHASSEE, FL 32303 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:** MGR  
**Name:** MIDDLETON, TODD  
**Address:** 2621 CROCKETT COURT  
**City-St-Zip:** TALLAHASSEE, FL 32303 US

**Title:** MGR  
**Name:** PERRIN, TOM  
**Address:** 6120 PICKWICK ROAD  
**City-St-Zip:** TALLAHASSEE, FL 32309 US

I hereby 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:** TODD MIDDLETON

OWNE

02/28/2012

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