## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L08000056372

Entity Name: PROPRIETOR INK LIMITED LIABILITY COMPANY

FILED Jan 28, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

2341 SW LAWFORD ST PORT ST LUCIE, FL 34953

**Current Mailing Address: New Mailing Address:** 

2341 SW LAWFORD ST PORT ST LUCIE, FL 34953

FEI Number: 80-0200365 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

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

FRAZIER, MICHAEL B 2341 SW LAWFORD ST PORT ST LUCIE, FL 34953 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:

Date

Electronic Signature of Registered Agent

MANAGING MEMBERS/MANAGERS:

CEO () Delete FRAZIER, MICHAEL B Name: Address:

2341 SW LAWFORD ST City-St-Zip: PORT ST LUCIE, FL 34953

Title: MGRM () Delete Name: FRAZIER, VIRGINIA L

Address: 2341 SW LAWFORD ST City-St-Zip: PORT ST LUCIE, FL 34953 ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition

Name: FRAZIER, MICHAEL B Address: 2341 SW LAWFORD ST City-St-Zip: PORT ST LUCIE, FL 34953

Title: MEMB (X) Change ( ) Addition

Name: FRAZIER, VIRGINIA L Address: 2341 SW LAWFORD ST City-St-Zip: PORT ST LUCIE, FL 34953

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 B FRAZIER **MGRM** 01/28/2009