

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000088515

**Entity Name:** KOENIGS ENGRAVING LLC

**FILED**  
**Apr 25, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

229 N DEL PRADO BLVD  
SUITE 5  
CAPE CORAL, FL 33909

**New Principal Place of Business:**

229 N DEL PRADO BLVD  
SUITE 5  
CAPE CORAL, FL 33909 US

**Current Mailing Address:**

624 SOUTHEAST 26TH TERRACE  
CAPE CORAL, FL 33904

**New Mailing Address:**

FEI Number: 26-3397847      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

KOENIGS, HEATHER M VP  
624 SE 26TH TERR  
CAPE CORAL, FL 33904 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: KOENIGS, MATTHEW  
Address: 624 SOUTHEAST 26TH TERRACE  
City-St-Zip: CAPE CORAL, FL 33904

Title: S  
Name: KOENIGS, HEATHER  
Address: 624 SOUTHEAST 26TH TERRACE  
City-St-Zip: CAPE CORAL, FL 33904

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: HEATHER KOENIGS

VP

04/25/2012

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