

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000105130

FILED
Apr 23, 2009
Secretary of State

Entity Name: PROMOTIONAL PRINTING SOLUTIONS, LLC

Current Principal Place of Business:

2771-29 MONUMENT RD.
#393
JACKSONVILLE, FL 32225

New Principal Place of Business:

Current Mailing Address:

2771-29 MONUMENT RD.
#393
JACKSONVILLE, FL 32225

New Mailing Address:

FEI Number: 26-3668811

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOB, ROCKS MGRM
2771-29 MONUMENT RD.
#393
JACKSONVILLE, FL 32225 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: MGRM () Delete
Name: ROCKS, BOB
Address: 2771-29 MONUMENT RD #393
City-St-Zip: JACKSONVILLE, FL 32225

Title: MGRM () Delete
Name: ROCKS, ROSE ANN
Address: 2771-29 MONUMENT RD #393
City-St-Zip: JACKSONVILLE, FL 32225

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: ROCKS, ROSE ANN
Address: 2771-29 MONUMENT RD #393
City-St-Zip: JACKSONVILLE, FL 32225

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: BOB ROCKS

MR.

04/23/2009

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