

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000004804

**FILED**  
**Apr 29, 2011**  
**Secretary of State**

**Entity Name:** PRINTING SOFTWARE SOLUTIONS, LLC

**Current Principal Place of Business:**

4408 CORPORATE SQ  
NAPLES, FL 34104

**New Principal Place of Business:**

**Current Mailing Address:**

4408 CORPORATE SQ  
NAPLES, FL 34104

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

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

WACKER, DAVID C  
5020 CASTLEROCK WAY  
NAPLES, FL 34112 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  
**Name:** WACKER, DAVID C  
**Address:** 5020 CASTLEROCK WAY  
**City-St-Zip:** NAPLES, FL 34112

**Title:** MGR  
**Name:** CORLEY, KENDRID D  
**Address:** 605 WINDWOOD DR  
**City-St-Zip:** GREENVILLE, SC 36037

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:** DAVID C WACKER

MGRM

04/29/2011

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