

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 07, 2008 08:00 A
Secretary of State

DOCUMENT # L98000003451

1. Entity Name
INK MI AGAIN, LLC



Principal Place of Business

13014 N. DALE MABRY HWY, SUITE 356
TAMPA, FL 33618

Mailing Address

13014 N. DALE MABRY HWY, SUITE 356
TAMPA, FL 33618



03312008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3568388

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

SCHWENCKE, KIM M
13014 N. DALE MABRY HWY, SUITE 356
TAMPA, FL 33618

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature typed or printed name of registered agent and filer if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	SCHWENCKE, KIM M
STREET ADDRESS	13014 N. DALE MABRY HWY, SUITE 356
CITY-ST-ZIP	TAMPA, FL 33618

TITLE	
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U00000884388
04/17/08-80041-022 138.75

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: _____

Kim M. SCHWENCKE

3/31/08

813-269-0899

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

D31

Daytime Phone #