LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 10, 2002 8:00 am
Secretary of State
05-14-2002 90458 001 *****5.00
05-14-2002 90458 002 ****50.00

DOCUMENT # M00.000001293

1. Entity Name
AMERICAN REPROGRAPHICS COMPANY, L.L.C.

92044

DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business	3. Mailing Address
9730 NW 25TH STREET	700 N. CENTRAL AVE.
Suite, Apt. #, etc.	Suite, Apt. #, etc. SUITE 550
City & State MIAMI, FL	City & State GLENDALE, CA
Zip 33172 Country USA	Zip 91203 Country USA

4. FEI Number 95-4657871 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$5.00** Additional Fee Required

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7. Name and Address of Current Registered Agent

Name CT CORPORATION SYSTEM

Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD

City PLANTATION FL Zip Code 33324

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.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable.

FEE IS $50.00
Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS

TITLE MGR.	
NAME SATHIYAMURTHY CHANDRAMOHAN	
STREET ADDRESS 700 N. CENTRAL AVE., #550	
CITY-ST-ZIP GLENDALE, CA 91203	
TITLE MGR.	
NAME KUMARAKULASINGAM SURIYAKUMAR	
STREET ADDRESS 700 N. CENTRAL AVE., #550	
CITY-ST-ZIP GLENDALE, CA 91203	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CR2E083B (12/01)

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ 6-7-02 818-500-0225
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #