

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 21, 2004 08:00 AM
Secretary of State

DOCUMENT # M00000001293

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



Principal Place of Business
9730 NW 25TH STREET
MIAMI, FL 33172

Mailing Address
700 N. CENTRAL AVE., #550
GLENDALE, CA 91203



05062004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
95-4657871

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

**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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by September 8, 2004**

U00000162794
06/21/04-80003-019 50.00

9. MANAGING MEMBERS/MANAGERS

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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:

MARK W. LEGG 5-6-04 818-500-027

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

Date

Daytime Phone #