

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M00000001293

FILED
Apr 02, 2008
Secretary of State

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

Current Principal Place of Business:

9730 NW 25TH STREET
MIAMI, FL 33172

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

1981 N. BROADWAY
SUITE 385
WALNUT CREEK, CA 94596

FEI Number: 95-4657871

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: MGR () Delete
Name: CHANDRAMOHAN, SATHIYAMURTHY
Address: 700 N. CENTRAL AVE., #550
City-St-Zip: GLENDALE, CA 91203

Title: MGR () Delete
Name: KUMARAKULASINGAM SUR, IYAKUMAR
Address: 700 N. CENTRAL AVE., #550
City-St-Zip: GLENDALE, CA 91203

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: MATHER, JONATHAN
Address: 700 N. CENTRAL AVE., #550
City-St-Zip: GLENDALE, CA 91203

Title: MGR (X) Change () Addition
Name: KUMARAKULASINGAM SUR, IYAKUMAR
Address: 1981 N. BROADWAY
City-St-Zip: WALNUT CREEK, CA 94596

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: JONATHAN MATHER

MGR

04/02/2008

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