2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M10000001605

Entity Name: GATOR INK ENTERPRISES, LLC

FILED Apr 27, 2011 Secretary of State

US

Current Principal Place of Business: New Principal Place of Business:

2132 SW 34TH STREET

GAINESVILLE, FL 32608

2132 SW 34TH STREET

GAINESVILLE, FL 32608

US

Current Mailing Address: New Mailing Address:

2132 SW 34TH STREET

GAINESVILLE, FL 32608

322 CASTLETON RD NE
NORTH CANTON, OH 44720

FEI Number: 27-2006957 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

DIEUGENIO, DAVID J 2132 SW 34TH STREET GAINESVILLE, FL 32608 US

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

Name: DIEUGENIO, JAMES A
Address: 332 CASTLETON ROAD NE
City-St-Zip: NORTH CANTON, OH 44720 US

Title: MR

 Name:
 DIEUGENIO, JIM

 Address:
 322 CASTLETON RD NE

 City-St-Zip:
 NORTH CANTON, OH 44720 US

Title: MR

Name: DIEUGENIO, JIM
Address: 322 CASTLETON RD NE
City-St-Zip: NORTH CANTON, OH 44720 US

Title: MR

 Name:
 DIEUGENIO, JIM

 Address:
 322 CASTLETON RD NE

 City-St-Zip:
 NORTH CANTON, OH 44720 US

Title: MF

 Name:
 DIEUGENIO, JIM

 Address:
 322 CASTLETON RD NE

 City-St-Zip:
 NORTH CANTON, OH 44720 US

Title: MR

 Name:
 DIEUGENIO, JIM

 Address:
 322 CASTLETON RD NE

 City-St-Zip:
 NORTH CANTON, OH 44720 US

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 Statues.

SIGNATURE: JAMES A. DIEUGENIO MEMB 04/27/2011

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