## \* Amunded \* Limited Liability Company on if the company of the com

FILED DOCUMENT # M 980 00000065 02 MAY 16 AM 8: 50 Kodak Polychrome Graphics LLC SECRETARY OF STATE TALLAHASSEE, FLORIDA DO NOT WRITE IN THIS SPACE 2. Principal Place of Business 222 Bridge Plaza South 3. Mailing Address Plaza Jouth 222 Bridge Suite, Apt. #, etc Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Lity & State \_City & State 4. FEI Number Applied For tort Lec LL 0/+ 22-3556148 Not Applicable Country USA Country \$5.00 Additional 5. Certificate of Status Desired 07024 07024 UJA Fee Required 7. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) DO NOT WRITE IN THIS SPACE 1200 South Pinc Island Plantation 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 Signature, typed or printed name of registered agent and title if applicable. <del>900005666269</del> <del>06/03/02--01099--006</del> **FEE IS \$50.00** \*\*\*\*\*50.00 \*\*\*\*50.00 Make Check Payable to Department of State **DUE BY MAY 1** 9. MANAGING MEMBERS/MANAGERS TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET-ADDRESS DO-NOT WRITE CITY-ST-ZIP CITY ST-ZIP TITLE TITLE IN THIS SPACE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIF TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 11. Thereby 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 frue 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 companyor the reserve or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. **SIGNATURE** 

RINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Daytime Phone #

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