

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000040511

**Entity Name:** XYMOPRINT, LLC**Current Principal Place of Business:**6800 KINGSPONTE PKWY  
ORLANDO, FL 32819**Current Mailing Address:**6800 KINGSPONTE PKWY  
ORLANDO, FL 32819 US**FEI Number:** 83-3639861**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BLACKBURN, BRAIN  
6800 KINGSPONTE PKWY  
ORLANDO, FL 32819 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

**Authorized Person(s) Detail :**

Title MGR  
Name XYMOGEN, INC.  
Address 6900 KINGSPONTE PKWY  
City-State-Zip: ORLANDO FL 32819

Title COO/VP  
Name BLACKBURN, STEPHANIE  
Address 6800 KINGSPONTE PKWY  
City-State-Zip: ORLANDO FL 32819

Title CEO/P  
Name BLACKBURN, BRIAN  
Address 6800 KINGSPONTE PKWY  
City-State-Zip: ORLANDO FL 32819

Title S  
Name BLACKBURN, KYLE  
Address 6800 KINGSPONTE PKWY  
City-State-Zip: ORLANDO FL 32819

Title ASST. SECRETARY  
Name BLACKBURN, BRIAN JR.  
Address 6800 KINGSPONTE PKWY  
City-State-Zip: ORLANDO FL 32819

Title ASST. SECRETARY  
Name BLACKBURN, SARAH  
Address 6800 KINGSPONTE PKWY  
City-State-Zip: ORLANDO FL 32819

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** BRIAN BLACKBURN

CEO

01/15/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date