

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 15, 2004 8:00 am
Secretary of State

03-15-2004 90430 010 ****50.00

DOCUMENT # L02000016815

1. Entity Name
BRANCH LOGISTICS, LLC



Principal Place of Business
**335 N.E. WATULA AVE.
OCALA, FL 34470-5806**

Mailing Address
**PO BOX 940
OCALA, FL 34478-0940**

24020991



03102004 No Chg-LLC

CR2E083 (10/03)

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4. FEI Number
11-3681843

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**GLOCKER, T. WILLIAM
ONE INDEPENDENT DRIVE
SUITE 2000
JACKSONVILLE, FL 32202**

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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 May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
DESIMONE, RICHARD
30 NEVERBEND RD
OCALA, FL 344823523**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
ALLEN, GREGORY S
2533 SE 30TH PL
OCALA, FL 34471**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

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

GREGORY S. ALLEN

3/16/04

Date

352-732-4143

Daytime Phone #