

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000031093

FILED
May 17, 2005
Secretary of State

Entity Name: A PLUS RELOCATIONS, LLC

Current Principal Place of Business:

12 STARCK DR.
BURGETTSTOWN, PA 15021

New Principal Place of Business:

490 PARK DRIVE
WEIRTON, WV 26062

Current Mailing Address:

12 STARCK DR.
BURGETTSTOWN, PA 15021

New Mailing Address:

490 PARK DRIVE
WEIRTON, WV 26062

FEI Number: 43-2026161 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

GULECAS, JAMES F ESQ
JAMES F. GULECAS, P.A.
2555 ENTERPRISE RD, STE 15
CLEARWATER, FL 33763 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/MEMBERS:

Title: MGR () Delete
Name: STARCK, RICHARD E
Address: 12 STARCK DR.
City-St-Zip: BURGETTSTOWN, PA 15021

Title: MGR () Delete
Name: STARCK, ROBERT J
Address: 12 STARCK DR.
City-St-Zip: BURGETTSTOWN, PA 15021

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: STARCK, RICHARD E
Address: 229 BEACON DRIVE
City-St-Zip: WEIRTON, WV 26062

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: RICHARD E. STARCK

MGR

05/17/2005

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