

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 23, 2006 8:00 am
Secretary of State

03-23-2006 90265 012 ****50.00

DOCUMENT # L04000083670		
1. Entity Name AOPKA OFFICE WAREHOUSE, LLC		

Principal Place of Business 648 DARTMOUTH STREET ORLANDO, FL 32804	Mailing Address 648 DARTMOUTH STREET ORLANDO, FL 32804
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20019789

2. Principal Place of Business 1200 E. HILLCREST ST. Suite, Apt. #, etc. SUITE 104 City & State ORLANDO, FL Zip 32803 Country US	3. Mailing Address 1200 E. HILLCREST ST. Suite, Apt. #, etc. SUITE 104 City & State ORLANDO, FL Zip 32803 Country US
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03152006 Chg-LLC CR2E083 (11/05)

4. FEI Number 56-2490255	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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.

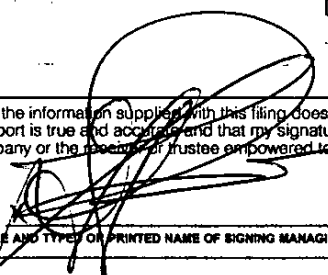
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2006**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RONCA, LOUIS G 648 DARTMOUTH STREET ORLANDO, FL 32804 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 1200 E. HILLCREST ST., SUITE 104 ORLANDO, FL 32803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RONCA, CARLA H 648 DARTMOUTH STREET ORLANDO, FL 32804 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 1200 E. HILLCREST ST., SUITE 104 ORLANDO, FL 32803
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 person or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:  **LOUIS G. RONCA** **3/16/06** **407-893-7175**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #