

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 11, 2008 8:00 am
Secretary of State

03-14-2008 90200 014 ***138.75

DOCUMENT # L07000062478

1. Entity Name
WHOLESALE 123, LLC



Principal Place of Business
**8165 NARROW LEAF POINT
SANFORD, FL 32771 US**

Mailing Address
**P.O. BOX 952976
LAKE MARY, FL 32795 US**

30003739



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02192008

Chg-LLC

CR2E083 (12/06)

City & State

City & State

4. FEI Number

Applied For

☒ Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FLANAGAN, SEAN
8165 NARROW LEAF POINT
SANFORD, FL 32771**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 its filer(s).

NOTE: Registered Agent signature required when replacing.

DATE

**FILE NOW!!! FEE IS \$138.75
After May 1, 2009 Fee will be \$538.75**

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
FLANAGAN, SEAN
P.O. BOX 952976
LAKE MARY, FL 32795**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
CR2014N FLANAGAN
4779 CAINS Wren Tr.
Sanford FL 32771**

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
Tracey Flanagan
P.O. Box 95296
Lake Mary FL 32795**

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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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 receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

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

Date

Daytime Phone #

3-10-08 407-9273842