

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000119270

FILED  
Feb 09, 2011  
Secretary of State

Entity Name: RETAILFIRST SERVICES, LLC

**Current Principal Place of Business:**

2310 COMMERCE POINT DRIVE  
LAKELAND, FL 33801

**New Principal Place of Business:**

**Current Mailing Address:**

2310 COMMERCE POINT DRIVE  
LAKELAND, FL 33801

**New Mailing Address:**

FEI Number: 59-6656927

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

F&L CORP.  
ONE INDEPENDENT DRIVE  
SUITE 1300  
JACKSONVILLE, FL 32202 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/MANAGERS:**

Title: D  
Name: KUNDRANT, W. JR  
Address: 1303 CRYSTAL GREENS  
City-St-Zip: SUN CITY CENTER, FL 33573

Title: D  
Name: NISSEN, NIS H III  
Address: 4406 SUGARTREE DRIVE  
City-St-Zip: LAKELAND, FL 33813

Title: D  
Name: SANDEFER, GEORGE H  
Address: 107 FISH CREEK TRAIL  
City-St-Zip: PALATKA, FL 32177

Title: D  
Name: PETCOFF, THOMAS S  
Address: 1212 KELLS COURT  
City-St-Zip: LAKELAND, FL 33813

Title: D  
Name: WINTZ, CHARLES R  
Address: 8146 CROSSWIND ROAD  
City-St-Zip: JACKSONVILLE, FL 32244

Title: D  
Name: HANSELMAN, JOHN D  
Address: 4631 WOODLAND CORPORATION BLVD, SUITE 300  
City-St-Zip: TAMPA, FL 33614

I hereby 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: THOMAS S. PETCOFF

D

02/09/2011

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