2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 15, 2005 8:00 am
Secretary of State
03-15-2005 90349 022 ****50.00

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1. Entity Name
SELL FAST, LLC

20021029

03102005 Chg-LLC CR2E083 (10/03)

Principal Place of Business	Mailing Address
1108 W KENNEDY BLVD TAMPA, FL 33606	1108 W KENNEDY BLVD TAMPA, FL 33606

2. Principal Place of Business		3. Mailing Address	
		301 W. Platt St.	
Suite, Apt. #, etc.		Suite, Apt. #, etc. #327	
City & State		City & State Tampa, FL	
Zip	Country	Zip 33606	Country USA

4. FEI Number 20-1243850 ☐ Applied For ☐ Not Applicable

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
STRICKLAND, DIANE 301 W PLATT ST #327 TAMPA, FL 33606	Name Christine Hyde Street Address (P.O. Box Number is Not Acceptable) 301 W. Platt St. #327 City Tampa FL Zip Code 33606

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 Christine Hyde DATE 3/8/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HERNDON, TIM R 301 W PLATT ST #327 TAMPA, FL 33606	☑ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Herndon, Curtis 301 W. Platt St. #327 Tampa, FL 33606	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: Tim R. Herndon 3/8/05 813-254-1270
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #