

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000097034

Entity Name: PICK ME UP, LLC

FILED
Apr 28, 2008
Secretary of State

Current Principal Place of Business:

369 W. DUVAL ST
LAKE CITY, FL 32055

New Principal Place of Business:

Current Mailing Address:

369 W. DUVAL ST
LAKE CITY, FL 32055

New Mailing Address:

FEI Number: 20-5652614

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HINES, JAMES P
315 S. HYDE PARK AVENUE
TAMPA, FL 33606 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: P () Delete
Name: AMRHEIN, JOANNA
Address: 408 SW RIDGEVIEW PL
City-St-Zip: LAKE CITY, FL 32024

Title: V () Delete
Name: SMITH, VIRGINIA F
Address: 359 SW RIDGEVIEW PL
City-St-Zip: LAKE CITY, FL 32024

Title: S () Delete
Name: AMHREIN, FREDRICK
Address: 408 SW RIDGEVIEW PL
City-St-Zip: LAKE CITY, FL 32024

Title: MGR () Delete
Name: SMITH, DAVID M
Address: 359 SW RIDGEVIEW PL
City-St-Zip: LAKE CITY, FL 32024

ADDITIONS/CHANGES:

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: DAVID SMITH

MGR

04/28/2008

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