

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000062574

**Entity Name:** OARE WAREHOUSE, LLC

**Current Principal Place of Business:**

191 ISLAND ESTATES PARKWAY  
PALM COAST, FL 32137

**Current Mailing Address:**

191 ISLAND ESTATES PARKWAY  
PALM COAST, FL 32137

**FEI Number:** 92-0234118

**Certificate of Status Desired:** No

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

MARTINEZ, JANET E. ESQ.  
SHUFFIELD, LOWMAN, & WILSON, P.A.  
203 EAST RICH AVENUE  
DELAND, FL 32724 US

*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:** JANET E. MARTINEZ

04/25/2014

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

|                 |                       |                 |                              |
|-----------------|-----------------------|-----------------|------------------------------|
| Title           | MANAGER               | Title           | MANAGER                      |
| Name            | SHANKS, ELIZABETH O   | Name            | OARE, ROBERT L III           |
| Address         | 9006 DAYFLOWER STREET | Address         | 13621 NORTHWEST 112TH AVENUE |
| City-State-Zip: | PROSPECT KY 40059     | City-State-Zip: | ALACHUA FL 32615             |

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** ELIZABETH OARE SHANKS

MANAGER

04/25/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date