

**2016 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M09000003917

**Entity Name:** 1-800-PACK-RAT, LLC

**Current Principal Place of Business:**

6400 GOLDSBORO ROAD  
SUITE 300  
BETHESDA, MD 20817

**Current Mailing Address:**

6400 GOLDSBORO ROAD  
SUITE 300  
BETHESDA, MD 20817

**FEI Number:** 20-2107163

**Certificate of Status Desired:** No

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name POIRIER, ROBERT  
Address 6400 GOLDSBORO ROAD, SUITE 300  
City-State-Zip: BETHESDA MD 20817

Title MANAGER  
Name WEST JR. , JAMES O.  
Address 6400 GOLDSBORO ROAD  
SUITE 300  
City-State-Zip: BETHESDA MD 20817

Title MANAGER  
Name GAREL , JOHN  
Address 6400 GOLDSBORO ROAD  
SUITE 300  
City-State-Zip: BETHESDA MD 20817

Title MANAGER  
Name MURPHY JR. , WENDELL H.  
Address 6400 GOLDSBORO ROAD  
SUITE 300  
City-State-Zip: BETHESDA MD 20817

*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:** ROBERT POIRIER

**MANAGER**

**03/21/2016**

Electronic Signature of Signing Authorized Person(s) Detail

Date