

**2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M09000003917

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

**Current Principal Place of Business:**

11640 NORTH PARK DRIVE  
SUITE 300  
WAKE FOREST, NC 27587

**FILED**  
**Feb 23, 2023**  
**Secretary of State**  
**8637719447CC**

**Current Mailing Address:**

11640 NORTH PARK DRIVE  
SUITE 300  
WAKE FOREST, NC 27587 US

**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 MEMBER  
Name ZIPPY SHELL INCORPORATED  
Address 11640 NORTH PARK DRIVE  
SUITE 200  
City-State-Zip: WAKE FOREST NC 27587

Title CEO  
Name KUHNS, MARK  
Address 11640 NORTH PARK DRIVE  
SUITE 300  
City-State-Zip: WAKE FOREST NC 27587

Title CFO, TREASURER  
Name LINVILLE, MARK  
Address 11640 NORTH PARK DRIVE  
SUITE 300  
City-State-Zip: WAKE FOREST NC 27587

Title AUTHORIZED REPRESENTATIVE  
Name KIRKPATRICK, GARRET  
Address 11640 NORTH PARK DRIVE  
SUITE 300  
City-State-Zip: WAKE FOREST NC 27587

Title AUTHORIZED REPRESENTATIVE  
Name PAGE, KEVIN  
Address 11640 NORTH PARK DRIVE  
SUITE 300  
City-State-Zip: WAKE FOREST NC 27587

*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:** GARRET KIRKPATRICK

**AUTHORIZED PERSON**

**02/23/2023**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date