

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
Mar 07, 2003 8:00 am  
Secretary of State

03-07-2003 90016 021 \*\*\*\*50.00

DOCUMENT # L00000009776

1. Entity Name  
**PUBLIXDIRECT, LLC**



Principal Place of Business: 3440 PRESON RIDGE RD., STE. 500, ALPHARETTA GA 30005  
Mailing Address: ATTN: CORP LICENSES, P.O. BOX 407, LAKELAND FL 33802-0407

2. Principal Place of Business: Suite, Apt. #, etc.  
3. Mailing Address: P.O. Box 32024, Suite, Apt. #, etc.

City & State: City & State  
Zip: 33802-2024, Country: Country



CHECK HERE IF MAKING CHANGES

4. FEI Number: 59-3676928, Applied For: Not Applicable  
5. Certificate of Status Desired:  \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

~~ATTAWAY JR, JOHN A~~  
~~321 SOUTH KENTUCKY AVE~~  
~~LAKELAND FL 33801~~

7. Name and Address of New Registered Agent

Name: \_\_\_\_\_  
Street Address (P.O. Box Number is Not Acceptable): 3300 Airport Rd  
City: \_\_\_\_\_, State: FL, Zip Code: 33811-3002

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: *[Signature]* DATE: 2/21/03  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$50.00**  
Make Check Payable to Florida Department of State  
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS	
TITLE: MGRM NAME: PUBLIX SUPER MARKETS, INC. STREET ADDRESS: 1936 GEORGE JENKINS BLVD. CITY-ST-ZIP: LAKELAND FL 33815	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE: _____ NAME: _____ STREET ADDRESS: 3300 Airport Rd CITY-ST-ZIP: 33811-3002	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> 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: *[Signature]* DATE: 2/21/03 DAYTIME PHONE #: 863.616.5701  
**NOTARIAL SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

0062913  
CR2E083 (10/02)

Attachment

30040880

#102000008831

November 22, 2002

Florida Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

**Subject: Change of Address**

PUBLIXDIRECT, LLC - Document #100000009776 has moved its Corporate Offices.

Previous Street Address	New Street Address
1936 George Jenkins Blvd.	3300 Airport Rd.
Lakeland, FL 33815	Lakeland, FL 33811-3002
Previous Mailing Address	New Mailing Address
Attn Licenses	Attn Licenses
PO Box 407	PO Box 32024
Lakeland, FL 33802-0407	Lakeland, FL 33802-2024

Questions should be directed to Shirley Starling, Corporate Licenses, 863-688-84-7 ex 3571.

Sincerely,

Sharon Miller  
Assistant Secretary

ss

Encl. (1)

cc: Corporate Licenses