

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000002610

FILED
Mar 20, 2009
Secretary of State

Entity Name: OSTLUND WAREHOUSES, LLC

Current Principal Place of Business:

PMB 126
13015 S.W. 89TH PL
MIAMI, FL 33176

New Principal Place of Business:

Current Mailing Address:

PMB 126
13015 S.W. 89TH PL
MIAMI, FL 33176

New Mailing Address:

FEI Number: 65-1128413

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OSTLUND, MARY A MANAGER
PMB 126
13015 SW 89 PL
MIAMI, FL 33176 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: MGRM () Delete
Name: OSTLUND, MARY A
Address: PMB 126, 13015 SW 89 PLACE
City-St-Zip: MIAMI, FL 33176

Title: MGR () Delete
Name: OSTLUND, GRANT
Address: 131 BAKERS ACRE DR.
City-St-Zip: HAWTHORNE, FL 32640

Title: MGR () Delete
Name: OSTLUND, HOLLY L
Address: PMB 126, 13015 SW 89 PLACE
City-St-Zip: MIAMI, FL 33176

Title: MGR () Delete
Name: BRYAN, DANA O
Address: 341 HORSESHOE ROAD
City-St-Zip: TALLAHASSEE, FL 32317

Title: MGR () Delete
Name: OSTLUND, MARY B
Address: PMB 126 13015 SW 89 PL
City-St-Zip: MIAMI, FL 33176

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:

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: MARY A OSTLUND

MGRM

03/20/2009

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