2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (URB)

FILED Jan 29, 2003 8:00 am Secretary of State

1/{

DOCU	:- <u></u>		· (Opn)	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	cictary or		
DOCUMENT # L01000014183 1. Entity Name TAF PACK & SHIP, LLC				01-	08-2003 90115 020	****50.00	
Principal Plac	ce of Business	Mailing Address		7			
PO BOX 368			•				
ESTERO FL 3	3928	ESTERO FL 33928	t				
2630	I GRANDE DAKS!	SUVD		F (ED) (E4) 851 83181 (18) F	ı Bişlik Ağlık balıkı irilli Albah kideli	1101 MU (\$10)	
SULT 2 Principal	Place of Business	- 3. Mailing Address					
				L (CANADA EN DESON KINE DEN		DAMP HAIT IOCK	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES			
City & Sta	ate	City & State		4. FEI Number 65-112	, ivi	pplied For ot Applicable	}
Zip	Country	Zip	Country	5. Certificate of Status Desir	ed \$5.00 Ad Fee Require		
	6. Name and Address of Cui	rent Registered Agent		7. Name and Address of N	w Registered Agent		1
Ell (SON, THEODORE A	->- Utwewood	Name				1
THEORY, HILLDORE A STATE OF THE WOOD			Street Addres	ress (P.O. Box Number is Not Acceptable)			
					·		-
		35XBRO, TL 3	39/20				ĺ
ľ		ı	City		FL Zip Coo	le	1
8 The shows	e named entity submits this statement	ht for the number of changing its	registered office or regis	tered agent, or both, in the State of		and accept	ł
the obliga	ations of registered agent	Art for the bespeed of crientality in	riogistores emise ar rogn	Color agoin, ar boar, in any basis	THE STATE OF THE S		}
SIGNATURE	Xult 1	(L)		<u>.</u>	Jan 4, 20	υ B	
- ONG WHO HE	Signature, typyta or printed name of registared	agent and title if applicable. (NOTI	E: Registered Agent signature requ	ired when reinstating)	DATE		
		FILE NO	DW!!! FEE IS \$50.0	. 1			ı
			•	1	•	. 1	l
	•		le to Florida Departr	1		·	
·		Due	•	nent of State	·		
9.		Due MBERS/MANAGERS	e to Florida Departr e By May 1, 2003	nent of State	NS/CHANGES	· .	Si Si
TITLE	HEEM PRESTORAT	Due	e to Florida Departre By May 1, 2003	nent of State	NS/CHANGES Change	☐ Addition	0/02)
TITLE NAME	HISON, THEODORE A	Due MBERS/MANAGERS	e to Florida Departre By May 1, 2003	nent of State		☐ Addition	3 (10/02)
TITLE	FILSON, THEODORE A 21 WINEWOOD CT	Due MBERS/MANAGERS	e to Florida Departre By May 1, 2003	nent of State		Addition	5083 (10/02)
TITLE NAME STREET ADDRESS	HISON, THEODORE A	MBERS/MANAGERS Delets	e to Florida Departre By May 1, 2003 10. IITLE NAME STREET ADDRESS	nent of State	☐ Change	Addition	R2E083 (10/02)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FILSON, THEODORE A 21 WINEWOOD CT	Due MBERS/MANAGERS	e to Florida Departr By May 1, 2003 10. IIILE NAME STREET ADDRESS CITY-S1-ZIP	nent of State		Addition Addition	CR2E083 (10/02)
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	FILSON, THEODORE A 21 WINEWOOD CT	MBERS/MANAGERS Delets	e to Florida Departs By May 1, 2003 10. IIILE NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS	nent of State	☐ Change	Addition Addition	CR2E083 (10/02)
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	FILSON, THEODORE A 21 WINEWOOD CT	MBERS/MANAGERS Delets Delete	e to Florida Departs By May 1, 2003 10. IIILE NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS CITY-S1-ZIP	nent of State	☐ Change	<u> </u>	CR2E083 (10/02)
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	FILSON, THEODORE A 21 WINEWOOD CT	MBERS/MANAGERS Delets	e to Florida Departs By May 1, 2003 10. IIILE NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME TITLE NAME TITLE TITLE TITLE TITLE TITLE TITLE	nent of State	☐ Change	Addition Addition	CR2E083 (10/02)
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP -TITLE NAME	FILSON, THEODORE A 21 WINEWOOD CT	MBERS/MANAGERS Delets Delete	e to Florida Departs By May 1, 2003 10. IIILE NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME NAME NAME	nent of State	☐ Change	<u> </u>	CR2E083 (10/02)
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	FILSON, THEODORE A 21 WINEWOOD CT	MBERS/MANAGERS Delets Delete	e to Florida Departs By May 1, 2003 10. IIILE NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME TITLE NAME TITLE TITLE TITLE TITLE TITLE TITLE	nent of State	☐ Change	<u> </u>	CR2E083 (10/02)
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	FILSON, THEODORE A 21 WINEWOOD CT	Due MBERS/MANAGERS Delete Delete Delete	te to Florida Departr By May 1, 2003 10. IIILE NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS CITY-S1-ZIP ITLE NAMETITLE NAMETIT	nent of State	☐ Change ☐ Change	Addition	CR2E083 (10/02)
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP -TITLE NAME STREET ADDRESS	FILSON, THEODORE A 21 WINEWOOD CT	MBERS/MANAGERS Delets Delete	e to Florida Departr By May 1, 2003 10. IIILE NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME CITY-S1-ZIP	nent of State	☐ Change	<u> </u>	CR2E083 (10/02)
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIPTITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	FILSON, THEODORE A 21 WINEWOOD CT	Due MBERS/MANAGERS Delete Delete Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	nent of State	☐ Change ☐ Change	Addition	CR2E083 (10/02)
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIPTITLE	FILSON, THEODORE A 21 WINEWOOD CT	Due MBERS/MANAGERS Delete Delete Delete Collete	TITLE NAME STREET ADDRESS CITY-S1-ZIP	nent of State	Change Change Change	Addition	CR2E083 (10/02)
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIPTITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE TITLE TITLE	FILSON, THEODORE A 21 WINEWOOD CT	Due MBERS/MANAGERS Delete Delete Delete	e to Florida Departs By May 1, 2003 10. IIILE NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME TITLE NAME TITLE NAME TITLE NAME TITLE NAME TITLE NAME TITLE TITLE NAME TITLE TITLE NAME TITLE TITLE TITLE NAME TITLE	nent of State	☐ Change ☐ Change	Addition	CR2E083 (10/02)
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIPTITLE	FILSON, THEODORE A 21 WINEWOOD CT	Due MBERS/MANAGERS Delete Delete Delete Collete	TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME NAME	nent of State	Change Change Change	Addition	CR2E083 (10/02)
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TITLE NAME	FILSON, THEODORE A 21 WINEWOOD CT	Due MBERS/MANAGERS Delete Delete Delete Collete	e to Florida Departs By May 1, 2003 10. IIILE NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME TITLE NAME TITLE NAME TITLE NAME TITLE NAME TITLE NAME TITLE TITLE NAME TITLE TITLE NAME TITLE TITLE TITLE NAME TITLE	nent of State	Change Change Change	Addition	CR2E083 (10/02)
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	FILSON, THEODORE A 21 WINEWOOD CT FT MYERS FL 33919	Due MBERS/MANAGERS Delete Delete Delete Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	nent of State	Change Change Change	Addition Addition	CR2E083 (10/02)
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP -TITLE -TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	FILSON, THEODORE A 21 WINEWOOD CT	Due MBERS/MANAGERS Delete Delete Delete Collete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	nent of State	Change Change Change	Addition	CR2E083 (10/02)
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIPTITLE	FILSON, THEODORE A 21 WINEWOOD CT FT MYERS FL 33919	Due MBERS/MANAGERS Delete Delete Delete Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	nent of State	Change Change Change	Addition Addition	CR2E083 (10/02)

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.

HE REQUIRED

SIGNATURE: SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #