

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000019976

FILED
Apr 23, 2009
Secretary of State

Entity Name: HODELL WAREHOUSE COMPANY, L.L.C.

Current Principal Place of Business:

2601 E 2ND AVENUE
TAMPA, FL 33605

New Principal Place of Business:

Current Mailing Address:

2601 E 2ND AVENUE
TAMPA, FL 33605

New Mailing Address:

FEI Number: 59-3760000

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HILL, ALEXANDRA
2601 EAST 2ND AVE
TAMPA, FL 33605 US

Name and Address of New Registered Agent:

TAYKAN, ARIE A
7880 N UNIVERSITY DRIVE
SUITE 201
TAMARAC, FL 33321 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: ARIE A TAYKAN

04/23/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: NOSKOWICZ, HOWARD
Address: 2601 E SECOND AVE
City-St-Zip: TAMPA, FL 33605

Title: MGRM () Delete
Name: DAHL, DARRELL A JR
Address: 2601 E 2ND AVENUE
City-St-Zip: TAMPA, FL 33605

Title: MGR () Delete
Name: HILL, ALEXANDRA
Address: 2601 E 2ND AVENUE
City-St-Zip: TAMPA, FL 33605

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:

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: HOWARD NOSKOWICZ

MGRM

04/23/2009

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