

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 09, 2004 8:00 am
Secretary of State

02-09-2004 90187 049 ****50.00

DOCUMENT # L02000000900

1. Entity Name
PODS OF CHICAGO, LLC



Principal Place of Business
6061 45TH STREET NORTH
ST. PETERSBURG, FL 33714

Mailing Address
6061 45TH STREET NORTH
ST. PETERSBURG, FL 33714

24009002



2. Principal Place of Business
5585 RIO VISTA DRIVE
Suite, Apt. #, etc.

3. Mailing Address
5585 RIO VISTA DR
Suite, Apt. #, etc.

01142004 Chg-LLC CR2E083 (10/03)

City & State
CLEARWATER, FLORIDA
Zip 33760 Country

City & State
CLEARWATER FL.
Zip 33760 Country

4. FEI Number
59-3589361
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

WARHURST, PETER S
6061 45TH STREET NORTH
ST. PETERSBURG, FL 33714

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00
Due by May 1, 2004

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
PODS, INC.
6061 45TH STREET NORTH
ST. PETERSBURG, FL 33714 ☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
5585 RIO VISTA DR.
CLEARWATER, FL 33760 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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:

PS Warhurst

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

2/2/04

Date

(888) 776-7637

Daytime Phone #