

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT


FILED
Apr 11, 2005 8:00 am
Secretary of State

04-11-2005 90050 050 *****50.00

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04082005 Chg-LLC CR2E083 (10/03)

DOCUMENT # L02000014956					
1. Entity Name TALLAHASSEE MOVING AND STORAGE, L.L.C.					
Principal Place of Business 3704 CRAWFORDVILLE HIGHWAY TALLAHASSEE, FL 32305			Mailing Address 3704 CRAWFORDVILLE HIGHWAY TALLAHASSEE, FL 32305		
2. Principal Place of Business 3704 Crawfordville Road Suite, Apt. #, etc.		3. Mailing Address 3704 Crawfordville Road Suite, Apt. #, etc.		4. FEI Number 03-0472469	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent SELLARS, AURELIA A 3704 CRAWFORDVILLE HIGHWAY TALLAHASSEE, FL 32301			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 3704 Crawfordville Road City Tallahassee FL Zip Code 32305		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SELLARS, AURELIA A 3704 CRAWFORDVILLE HIGHWAY TALLAHASSEE, FL 32305 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	3704 Crawfordville Road <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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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: <i>Aurelia A. Sellars</i>		Date: 4/8/05		850-878-1151	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date		Daytime Phone #	