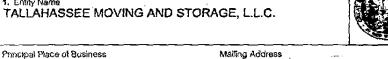
## 2006 LIMITED LIABILITY COMPANY **ANNUAL REPORT** DOCUMENT # L02000014956 1. Entity Name TALLAHASSEE MOVING AND STORAGE, L.L.C.

**FILED** May 01, 2006 08:00 AM Secretary of State



3704 CRAWFORDVILLE ROAD TALLAHASSEE, FL 32305



DO NOT WRITE IN THIS SPACE

8. Name and Address of Current Registered Agent

04122006 No Chg-LLC CR2E083 (11/05)

4. FEI Number	Applied For
03-0472469	 Not Applicab
5. Certificate of Status Desired	\$5.00 Additional Fee Required

SELLARS, AURELIA A

3704 CRAWFORDVILLE ROAD TALLAHASSEE, FL 32305

3704 CRAWFORDVILLE ROAD TALLAHASSEE, FL 32305

## DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the purpose of changions of registered agent.	ing its registered office or registered agent, or b	oth, in the State of Florida, I am familiar with, and accept
GIGINATURE.	Signature, typed or printed name of registered agent and title if applicable	(NOTE: Registered Agent signature required when reinstating)	BATE
Fi D	ling Fee is \$50.00 ue by May 1, 2008		
9.	MANAGING MEMBERS/MANAGERS		<del></del>
Tiple Name Street address Chy-St-Zip	MGRM SELLARS, AURELIA A 3704 CRAWFORDVILLE ROAD TALLAHASSEE, FL 32305		05/13/06-80072-008 50.00
RITCE NAME STREET ADDRESS GITY-ST-ZIP			
TITLE NAME STRLET ADDRESS CITY-ST-ZIP		DO	NOT WRITE
TOTALE  MAANE STREET AODRESS  CHY-ST-ZIP		IN	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
Turle Name Strices address Caty-St-Zap			
11. I hereby of indicated fimited fia	certify that the information supplied with this filing does not or on this report is true and accurate and that my signature site bility company of the receiver or trustee empowered to exec	ualify for the exemptions contained in Chapter 1 all have the same legal effect as if made under ute this report as required by Chapter 608, Flore	19, Florida Statutes, I further certify that the information oath, that I am a managing member or manager of the da Statutes.

NAGING MEMBER, OR AUTHORIZED REPRESENTATIVE