

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 11, 2005 8:00 am**  
**Secretary of State**

05-11-2005 90029 048 \*\*\*\*50.00

DOCUMENT # **L02000006751**

1. Entity Name

**Kornegay-Whittaker Warehouse #1, LLC**



**DO NOT WRITE IN THIS SPACE**

**20058403**

2. Principal Place of Business

**1007 Capital Circle NW**

3. Mailing Address

**P.O. Box 38579**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

**Tallahassee FL**

City & State

**Tallahassee FL**

4. FEI Number

Applied For

Not Applicable

Zip  
**32304**

Country  
**U.S.A.**

Zip  
**32315**

Country  
**USA**

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
**R.W. Kornegay**

Street Address (P.O. Box Number is Not Acceptable)  
**1005 Capital Circle NW**

City  
**Tallahassee**

FL

Zip Code  
**32304**

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.

DATE

**FEE IS \$50.00**

**Make Check Payable to Florida Department of State  
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

| TITLE | NAME                 | STREET ADDRESS                | CITY-ST-ZIP           | TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP |
|-------|----------------------|-------------------------------|-----------------------|-------|------|----------------|-------------|
|       | <b>R.W. Kornegay</b> | <b>1005 Capital Circle NW</b> | <b>Tall, FL 32304</b> |       |      |                |             |
|       |                      |                               |                       |       |      |                |             |
|       |                      |                               |                       |       |      |                |             |
|       |                      |                               |                       |       |      |                |             |
|       |                      |                               |                       |       |      |                |             |
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|       |                      |                               |                       |       |      |                |             |
|       |                      |                               |                       |       |      |                |             |

**DO NOT WRITE  
IN THIS SPACE**

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:

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

**4-29-05**

Date

**575-2093**

Daytime Phone #

CR2E083B (12/02)