

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000016751

1. Entity Name
KORNEGAY - WHITTAKER WAREHOUSE #1, L.L.C.



Principal Place of Business
1007 CAPITAL CIRCLE NW
TALLAHASSEE, FL 32304

Mailing Address
P.O. BOX 38579
TALLAHASSEE, FL 32315

BK

FILED

07 MAY 14 AM 9:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



02062007 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

30-0172808

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KORNEGAY, ROBERT W
1005 CAPITAL CIRCLE NW
TALLAHASSEE, FL 32304

320 Eloise ST
32312

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 re-registering)

DATE

Filing Fee is \$50.00
Due by May 1, 2007

BK

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGR
KORNEGAY, ROBERT W
1005 CAPITAL CIRCLE NW
TALLAHASSEE, FL 32304 ☐ Delete

TITLE
NAME
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☐ Change ☐ Addition
600103047356
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

Robert W. Kornegay

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

Date

Telephone/Fax #