

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

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

05-11-2005 90029 049 ****50.00

DOCUMENT # **L020000016758**

1. Entity Name

Kornegay-Whittaker Warehouse #2, L.L.C.



DO NOT WRITE IN THIS SPACE

200508402

2. Principal Place of Business

1017 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

U.S.A.

5. Certificate of Status Desired ☐

\$5.00 Additional Fee Required

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**

**DO NOT WRITE
IN THIS SPACE**

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

**R.W. Kornegay
1005 Capital Circle NW
Tallahassee, FL 32304**

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

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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:

R.W. Kornegay

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)