


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

<b>DOCUMENT # L02000016758</b> 1. Entity Name <b>KORNEGAY - WHITTAKER WAREHOUSE #2, L.L.C.</b>	
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Principal Place of Business 1017 CAPITAL CIRCLE NW TALLAHASSEE, FL 32304	Mailing Address P.O. BOX 38579 TALLAHASSEE, FL 32315
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

FILED

07 MAY 14 AM 9:25

SECRETARY OF STATE  
TALLAHASSEE, FL 32310



02062007 Chg-LLC CR2E083 (12/06)

4. FEI Number **30-0172813** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent  <b>KORNEGAY, ROBERT W</b> <del>1005 CAPITAL CIRCLE NW</del> <b>320 Eloise ST</b> <del>TALLAHASSEE, FL 32304</del> <b>32312</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City
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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 \_\_\_\_\_

<b>Filing Fee is \$50.00 Due by May 1, 2007</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR <b>KORNEGAY, ROBERT W</b> <b>1005 CAPITAL CIRCLE NW</b> <b>TALLAHASSEE, FL 32304</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <div style="text-align: center;"> <b>200103047392</b>  <b>05/23/07--01006--011 **50.00</b> </div>
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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