

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 15, 2006 8:00 am
Secretary of State

02-15-2006 90130 021 ****50.00

DOCUMENT # L02000016815					
1. Entity Name BRANCH LOGISTICS, LLC					
Principal Place of Business 335 N.E. WATULA AVE. OCALA, FL 34470-5806			Mailing Address PO BOX 940 OCALA, FL 34478-0940		
2. Principal Place of Business		3. Mailing Address P.O. Box 6179			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State OCALA FL		4. FEI Number 11-3681843	
Zip		Zip 34478-6179		Country MARION	
6. Name and Address of Current Registered Agent GLOCKER, T. WILLIAM ONE INDEPENDENT DRIVE SUITE 2000 JACKSONVILLE, FL 32202				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE MGR NAME DESIMONE, RICHARD STREET ADDRESS 30 NEVERBEND RD CITY - ST - ZIP OCALA, FL 344823523	<input type="checkbox"/> Delete		TITLE MGR NAME DESIMONE, RICHARD STREET ADDRESS 10750 NE 47TH AVENUE CITY - ST - ZIP ANTHONY, FL 32617	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE T NAME ALLEN, GREGORY S STREET ADDRESS 2533 SE 30TH PL CITY - ST - ZIP OCALA, FL 34471	<input type="checkbox"/> Delete		TITLE T NAME ALLEN, GREGORY S. STREET ADDRESS 2523 SE 30TH PL CITY - ST - ZIP OCALA, FL 34471	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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:			RICHARD DESIMONE		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date: 2/9/06 Daytime Phone #: 352-629-2150 x.183		