

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000003220

Entity Name: ABC FULFILLMENT CENTER, LLC

FILED
Apr 11, 2005
Secretary of State

Current Principal Place of Business:

1918 CASS STREET WEST
TAMPA, FL 336061232

New Principal Place of Business:

Current Mailing Address:

1918 CASS STREET WEST
TAMPA, FL 336061232

New Mailing Address:

FEI Number: 41-2084987

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SHUMATE, V. BRENT
1918 CASS STREET WEST
TAMPA, FL 336061232 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: SHUMATE, V. BRENT
Address: 1918 W. CASS STREET
City-St-Zip: TAMPA, FL 33606

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: SHUMATE BROKERAGE CO, RP.
Address: 1918 WEST CASS STREET
City-St-Zip: TAMPA, FL 33606

Title: MGRM () Change (X) Addition
Name: NATIONAL INSURANCE B, ROKERAGE, INC.
Address: 3535 ROSWELL ROAD, #16
City-St-Zip: MARIETTA, GA 30062

Title: MGRM () Change (X) Addition
Name: EUCLID INSURANCE SER, VICES, INC.
Address: 234 SPRING LAKE DR.
City-St-Zip: ITASCA, IL 60143

Title: MGRM () Change (X) Addition
Name: SERVICE FIRST BROKER, AGE
Address: 5940 SISSIONVILLE DR.
City-St-Zip: CHARLESTON, WV 25312

Title: MGRM () Change (X) Addition
Name: TOWNE BROKERS, INC.,
Address: 7780 HAYNE BLVD.
City-St-Zip: NEW ORLEANS, LA 70126

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: V. BRENT SHUMATE

MGRM

04/11/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date