

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000003220

FILED  
Apr 29, 2008  
Secretary of State

Entity Name: ABC FULFILLMENT CENTER, LLC

**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/MANAGERS:**

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

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

Title: MGR ( ) Delete  
Name: SHUMATE, VICTOR B MGR  
Address: 1918 WEST CASS STREET  
City-St-Zip: TAMPA, FL 33606 12

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

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

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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

RA

04/29/2008

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