

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000003220

**FILED**  
**Apr 30, 2012**  
**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 ( )**

**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  
**Name:** SHUMATE BROKERAGE CORP.  
**Address:** 1918 WEST CASS STREET  
**City-St-Zip:** TAMPA, FL 33606

**Title:** MGRM  
**Name:** NATIONAL INSURANCE BROKERAGE, INC.  
**Address:** 3535 ROSWELL ROAD, #16  
**City-St-Zip:** MARIETTA, GA 30062

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

**Title:** MGRM  
**Name:** SERVICE FIRST BROKERAGE  
**Address:** 5940 SISSIONVILLE DR.  
**City-St-Zip:** CHARLESTON, WV 25312

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

I hereby 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

MGR

04/30/2012

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