

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

pick up
FILED

**Apr 29, 2005 08:00 AM
Secretary of State**

DOCUMENT # L03000024494

1. Entity Name
FULFILLMENT CENTER, L.L.C.



Principal Place of Business
**9102 SOUTHERN BREEZE DRIVE
ORLANDO, FL 32836**

Mailing Address
**9102 SOUTHERN BREEZE DRIVE
ORLANDO, FL 32836**



04112005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
56-2375954

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**HEMANI, NIZAR (NICK)
9102 SOUTHERN BREEZE DRIVE
ORLANDO, FL 32836**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	HEMANI, NASIRUDDIN
STREET ADDRESS	10939 WOODCHASE CIRCLE
CITY-ST-ZIP	ORLANDO, FL 32836
TITLE	MGRM
NAME	HEMANI, MOHAMMED
STREET ADDRESS	18250 KESTREL COURT
CITY-ST-ZIP	BROOKFIELD, WI 53045
TITLE	MGRM
NAME	HEMANI, NIZAR
STREET ADDRESS	5525 OXFORD MOOR
CITY-ST-ZIP	WINDERMERE, FL 34786
TITLE	MGRM
NAME	HEMANI, NIZAR (NICK)
STREET ADDRESS	9102 SOUTHERN BREEZE DRIVE
CITY-ST-ZIP	ORLANDO, FL 32836
TITLE	MGRM
NAME	HEMANI, ALTAF
STREET ADDRESS	914 ELMDALE ROAD
CITY-ST-ZIP	GLENVIEW, IL 60025
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/29/05-80093-014 50.00

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11. I hereby certify that the information supplied with this filing does not qualify 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 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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4/26/05 **407-234-0647**

Date

Daytime Phone #