

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 22, 2006 8:00 am
Secretary of State

05-22-2006 90208 045 ****50.00

DOCUMENT # L03000027818

1. Entity Name
TERMINAL SUPERSTORE, LLC



Principal Place of Business
1080 HOLLAND DRIVE
BOCA RATON, FL 33487

Mailing Address
1080 HOLLAND DRIVE
BOCA RATON, FL 33487

2. Principal Place of Business
1081 HOLLAND DRIVE
Suite, Apt. #, etc.

3. Mailing Address
1081 HOLLAND DRIVE
Suite, Apt. #, etc.



05152006 Chg-LLC CR2E083 (11/05)

City & State
BOCA RATON, FL.
Zip
33487
Country
USA

City & State
BOCA RATON, FL.
Zip
33487
Country
USA

4. FEI Number
33-1065592
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ZIETZ, SHEILA S ESQ.
1080 HOLLAND DRIVE
BOCA RATON, FL 33487

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
1081 HOLLAND DRIVE
City BOCA RATON FL Zip Code 33487

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]* DATE 5/16/06
(NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00
Due by September 6, 2006

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete
NAME ZIETZ, SHEILA S
STREET ADDRESS 1080 HOLLAND DR
CITY-ST-ZIP BOCA RATON, FL 33487

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE MGRM ☒ Change ☐ Addition
NAME ZIETZ, SHEILA S
STREET ADDRESS 1081 HOLLAND DRIVE
CITY-ST-ZIP BOCA RATON, FL 33487

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *[Signature]* DATE 5/16/06 DAYTIME PHONE # 561-793-2250
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE