2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

7/15

FILED
Jul 29, 2004 8:00 am
Secretary of State

07-19-2004 90234 011 ****50.00

DOCUMENT # L03000028783

1. Entity Name

PACK & SHIP LLC.

Principal Place of Business	Mailing Address
13430 GULF BEACH HIGHWAY PENSACOLA FL 32507	13430 GULF BEACH HIGHWAY PENSACOLA FL 32507

34009588

MOORE CR2E083 (11/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 16-1690177 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
YOUNG, RUBY B. 13430 GULF BEACH HIGHWAY PENSACOLA FL 32507	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 _____ DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE	MGRM ☐ Delete	TITLE	☒ Change ☐ Addition
NAME	YOUNG, BRIAN	NAME	
STREET ADDRESS	5701 FAIR OAK LANE	STREET ADDRESS	5700 FAIR OAK LN
CITY-ST-ZIP	PENSACOLA FL 32507	CITY-ST-ZIP	
TITLE	MGRM ☐ Delete	TITLE	☒ Change ☐ Addition
NAME	BURGESS-YOUNG, RUBY	NAME	
STREET ADDRESS	5701 FAIR OAK LANE	STREET ADDRESS	5700 FAIR OAK LN
CITY-ST-ZIP	PENSACOLA FL 32507	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: _____ 7/15/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone # 850 492-9696