

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000041069

**FILED**  
**Jan 30, 2008**  
**Secretary of State**

**Entity Name:** ORLANDO WHOLESALE, L.L.C.

**Current Principal Place of Business:**

1167 DOSS AVE  
ORLANDO, FL 32809

**New Principal Place of Business:**

5850 SOUTH ORANGE BLOSSOM TRAIL  
ORLANDO, FL 32839 US

**Current Mailing Address:**

1167 DOSS AVE  
ORLANDO, FL 32809

**New Mailing Address:**

5850 SOUTH ORANGE BLOSSOM TRAIL  
ORLANDO, FL 32839 US

**FEI Number:** 20-0351983

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SHAKIL, ISANI F  
1167 DOSS AVE  
ORLANDO, FL 32809 US

**Name and Address of New Registered Agent:**

SHAKIL, ISANI F  
5850 SOUTH ORANGE BLOSSOM TRAIL  
ORLANDO, FL 32839 US

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: SHAKIL ISANI

01/30/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: ISANI, SHAKIL  
Address: 1167 DOSS AVE  
City-St-Zip: ORLANDO, FL 32809

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: ISANI, SHAKIL  
Address: 5850-SOUTH ORANGE BLOSSOM TRAIL  
City-St-Zip: ORLANDO, FL 32839 US

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: SHAKIL ISANI

MGM

01/30/2008

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