

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 17, 2006 8:00 am
Secretary of State

02-17-2006 90018 049 ****50.00

DOCUMENT # L03000041962 1. Entity Name INTERSECTION EXPRESS, LLC	
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Principal Place of Business 13188 218TH TERRACE O'BRIEN, FL 32071	Mailing Address 13188 218TH TERRACE O'BRIEN, FL 32071
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DO NOT WRITE IN THIS SPACE



01232006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 86-1085486	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

**GERLING, SUSAN M
111 SE FIRST AVENUE
GAINESVILLE, FL 32601**

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BARBER, KELLY C 13188 218TH TERRACE O'BRIEN, FL 32071
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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  **KELLY C. BARBER, PRESIDENT** **2/8/06** **(386)935-0836**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #