

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90046 038 ****55.00

DOCUMENT # L03000054688

1. Entity Name
PODS OF TAMPA BAY, LLC



Principal Place of Business
**5585 RIO VISTA DRIVE
CLEARWATER, FL 33760**

Mailing Address
**5585 RIO VISTA DRIVE
CLEARWATER, FL 33760**

20050963



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04222005 Chg-LLC CR2E083 (10/03)

City & State

City & State

4. FEI Number
20-0506575

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**WARHURST, PETER S
5585 RIO VISTA DRIVE
CLEARWATER, FL 33760**

Name **Aaron B. PARKER**

Street Address (P.O. Box Number is Not Acceptable)

5585 Rio Vista Drive

City **Clearwater**

FL

Zip Code **33760**

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 **Aaron B. PARKER, Secretary**
Signature, typed or printed name of registered agent and title if applicable.

4-27-2005
(NOTE: Registered Agent signature required when reinstating) DATE

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

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME **MGRM** ☐ Delete
STREET ADDRESS **PODS, INC.**
CITY-ST-ZIP **5585 RIO VISTA DRIVE
CLEARWATER, FL 33760**

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

TITLE NAME ☐ Change ☐ Addition
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TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
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 **SAMUEL M. HENSLEY, CFO**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4-27-2005 (727) 538-6341
Date Daytime Phone #