

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

04-29-2005 90045 014 \*\*\*\*55.00

**DOCUMENT # L03000054696**

1. Entity Name  
**PODS OF LOS ANGELES, LLC**



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

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

**20050935**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04222005 Chg-LLC CR2E083 (10/03)

4. FEI Number  
**20-0506232**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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

Signature typed or printed name of registered agent and date if applicable.

**AARON B. PARKER, Secretary**

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

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

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

TITLE ☐ Change ☐ Addition  
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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 **X**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**SAMUEL M. HENSLEY, CFO**

Date

Daytime Phone #

**4-27-2005 (727) 538-6341**