

# **2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000004019

Entity Name: PODS OF SEATTLE, LLC

**FILED**  
**Apr 12, 2006**  
**Secretary of State**

**Current Principal Place of Business:**

5585 RIO VISTA DRIVE  
CLEARWATER, FL 33760

**New Principal Place of Business:**

**Current Mailing Address:**

5585 RIO VISTA DRIVE  
CLEARWATER, FL 33760

**New Mailing Address:**

FEI Number: 20-0602899

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

PARKER, AARON B  
5585 RIO VISTA DRIVE  
CLEARWATER, FL 33760 US

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

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: PODS INC,  
Address: 5585 RIO VISTA DR  
City-St-Zip: CLEARWATER, FL 33760

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: PODS ENTERPRISES, IN, C  
Address: 5585 RIO VISTA DR  
City-St-Zip: CLEARWATER, FL 33760

I hereby certify that the information supplied with this filing does not qualify for the 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: SAMUEL M. HENSLEY

CFO

04/12/2006

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