

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

04-29-2005 90045 018 \*\*\*\*55.00

**DOCUMENT # L04000004026**

1. Entity Name  
**PODS OF SAN FRANCISCO, LLC**



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

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

**20050931**



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

**20-0602834**

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 title if applicable.

**Aaron B. Parker, Secretary**

(NOTE: Registered Agent signature required when reinstating)

DATE

**4-27-2005**

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

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

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Delete

TITLE  
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STREET ADDRESS  
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CITY - ST - ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Change ☒ Addition  
**M6RM  
PODS, INC.  
5585 Rio Vista Drive  
Clearwater, FL 33760**

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

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

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TITLE  
NAME  
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CITY - ST - ZIP ☐ Change ☐ Addition

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**

**SAMUEL M. HENSLEY, CFO 4/27/2005 (727) 538-6341**

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

Date

Daytime Phone #