

# **2010 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L04000017815

**FILED**  
**Aug 06, 2010**  
**Secretary of State**

**Entity Name:** FIRST CLASS LOGISTICS, LIMITED LIABILITY COMPANY

**Current Principal Place of Business:**

2414 WATTLE TREE ROAD WEST  
JACKSONVILLE, FL 32246 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 19585  
JACKSONVILLE, FL 32246 US

**New Mailing Address:**

**FEI Number:** 20-0813914

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WEBB, PATRICIA D  
2414 WATTLE TREE ROAD WEST  
JACKSONVILLE, FL 32246 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:** PRES  
**Name:** WEBB, PATRICIA D  
**Address:** PO BOX 19585  
**City-St-Zip:** JACKSONVILLE, FL 32245 US

**Title:** VP  
**Name:** WEBB, HAROLD T  
**Address:** PO BOX 19585  
**City-St-Zip:** JACKSONVILLE, FL 32245 US

**Title:** MNGR  
**Name:** JONES, LEE A  
**Address:** 4006 SADDLE RUN CIRCLE  
**City-St-Zip:** PELHAM, AL 35124 US

**Title:** MNGR  
**Name:** JONES, CLINTON G  
**Address:** 4006 SADDLE RUN CIRCLE  
**City-St-Zip:** PELHAM, AL 35124 US

**Title:** MNGR  
**Name:** KIDD, CARLOS U  
**Address:** 4006 SADDLE RUN CIRCLE  
**City-St-Zip:** PELHAM, AL 35124 US

I hereby 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:** PDWEBB

PRES

08/06/2010

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