

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 17, 2008 8:00 am
Secretary of State

04-17-2008 90171 034 ***138.75

DOCUMENT # L04000030412

1. Entity Name
WHOLESALE OILS, LLC



Principal Place of Business
**8160 BAYMEADOWS WAY WEST
SUITE 120
JACKSONVILLE, FL 32256**

Mailing Address
**8160 BAYMEADOWS WAY WEST
SUITE 120
JACKSONVILLE, FL 32256**

60023211



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04072008 Chg-LLC CR2E083 (12/06)

City & State

City & State

4. FEI Number

20-1024941

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

**SAWYER, J. CHARLES
8160 BAY MEADOWS WAY WEST
STE 120
JACKSONVILLE, FL 32256**

Name **Charlene Sawyer**

Street Address (P.O. Box Number is Not Acceptable)
8160 Baymeadows Way, West

Suite 120

City **Jacksonville**

FL

Zip Code
32256

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

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

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGR** ☒ Delete
NAME **SAWYER, J CHARLES**
STREET ADDRESS **8160 BAYMEADOWS WAY WEST, STE 120**
CITY-ST-ZIP **JACKSONVILLE, FL 32256**

TITLE **MGR** ☐ Change ☒ Addition
NAME **Charlene Sawyer**
STREET ADDRESS **8160 Baymeadows Way, W., Ste. 120**
CITY-ST-ZIP **Jacksonville, FL 32256**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

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

Date

Daytime Phone #

(904) 739-7394