

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 11, 2006 8:00 am
Secretary of State

01-11-2006 90012 039 ****50.00

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1. Entity Name

KORNEGAY-WHITTAKER WAREHOUSE #4, LLC



Principal Place of Business

1029 CAPITAL CIRCLE NW
TALLAHASSEE, FL 32304

Mailing Address

P O BOX 38579
TALLAHASSEE, FL 32315

DO NOT WRITE IN THIS SPACE



01032006No Chg-LLC

CR2E083 (11/05)

4. FEI Number

56-2462762

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

KORNEGAY, ROBERT W
1005 CAPITAL CIRCLE NW
TALLAHASSEE, FL 32304

1005

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IN THIS SPACE**

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

R. Kornegay 1-3-06

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
KORNEGAY, ROBERT W
1005 CAPITAL CIRCLE NW
TALLAHASSEE, FL 32304

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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CITY-ST-ZIP

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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 OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

R. Kornegay 1-3-06