

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 15, 2005 8:00 am**  
**Secretary of State**

03-15-2005 90349 022 \*\*\*\*50.00

DOCUMENT # L04000044710

1. Entity Name  
SELL FAST, LLC



Principal Place of Business  
1108 W KENNEDY BLVD  
TAMPA, FL 33606

Mailing Address  
1108 W KENNEDY BLVD  
TAMPA, FL 33606

20021029

2. Principal Place of Business

3. Mailing Address

301 W. Platt St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#327

City & State

City & State

Tampa, FL

Zip

Country

Zip

33606

Country

USA

03102005

Chg-LLC

CR2E083 (10/03)

4. FEI Number

20-1243850

Applied For

Not Applicable

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

STRICKLAND, DIANE  
301 W PLATT ST  
#327  
TAMPA, FL 33606

Name

Christine Hyde

Street Address (P.O. Box Number is Not Acceptable)

301 W. Platt St. #327

City

Tampa

FL

Zip Code

33606

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

Christine Hyde

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/8/05

DATE

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

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGR  
NAME HERNDON, TIM R  
STREET ADDRESS 301 W PLATT ST #327  
CITY-ST-ZIP TAMPA, FL 33606

☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE MGR  
NAME Herndon, Curtis  
STREET ADDRESS 301 W. Platt St. #327  
CITY-ST-ZIP Tampa, FL 33606

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
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:

Tim R. Herndon

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

3/8/05 813-254-1270

Date

Daytime Phone #