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Secretary of State

03-21-2005 90535 043 ****50.00

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000052680

1. Entity Name
THOMAS LOGISTICS SERVICES, LLC

Principal Place of Business	Mailing Address
225 WATER STREET, STE. 1800 JACKSONVILLE, FL 32202	225 WATER STREET, STE. 1800 JACKSONVILLE, FL 32202

30003634

03012005 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
12602 SHIRLEY OAKS DR.	12602 SHIRLEY OAKS DR.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State JACKSONVILLE, FL 32218	City & State JACKSONVILLE, FL 32218
Zip / Country	Zip / Country

4. FEI Number 201410720 ☐ 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
SMITH HULSEY & BUSEY 225 WATER STREET, STE. 1800 JACKSONVILLE, FL 32202	Name Street Address (P.O. Box Number Is Not Acceptable) City FL Zip Code

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 ______________________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE MGRM NAME CASSANDRA THOMAS STREET ADDRESS 12602 SHIRLEY OAKS DR. CITY-ST-ZIP JACKSONVILLE, FL 32218	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME 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: Cassandra Thomas CASSANDRA THOMAS 16 March 05 9047578918
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #