

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000056863

FILED
Jul 27, 2006
Secretary of State

Entity Name: FLORIDA EPA EXPRESS, LLC

Current Principal Place of Business:

1037 BARBARA AVE.
JACKSONVILLE, FL 32207

New Principal Place of Business:

1906 ATLANTIC BOULEVARD
JACKSONVILLE, FL 32207

Current Mailing Address:

1037 BARBARA AVE.
JACKSONVILLE,, FL 32207

New Mailing Address:

1906 ATLANTIC BOULEVARD
JACKSONVILLE,, FL 32207

FEI Number: 03-0546710 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

INCORPORATE USA, INC.
3150 SANDY RIDGE DR
CLEARWATER, FL 33761 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: MGRM () Delete
Name: EVANS, CHAD A
Address: 1037 BARBARA AVE.
City-St-Zip: JACKSONVILLE, FL 32207

Title: MGR (X) Delete
Name: MELCHOR, TABATHA C
Address: 1037 BARBARA AVE.
City-St-Zip: JACKSONVILLE, FL 32207

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: EVANS, CHAD A
Address: 1906 ATLANTIC BOULEVARD
City-St-Zip: JACKSONVILLE, FL 32207

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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: CHAD A EVANS

MGRM

07/27/2006

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