

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000060319

FILED
Apr 13, 2006
Secretary of State

Entity Name: QUICK-PATH COURIERS, LLC

Current Principal Place of Business:

532 MOCCASIN COURT
CASSELBERRY, FL 32707

New Principal Place of Business:

Current Mailing Address:

532 MOCCASIN COURT
CASSELBERRY, FL 32707

New Mailing Address:

FEI Number: 56-2483242

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MISNER, THOMAS O
532 MOCCASIN COURT
CASSELBERRY, FL 32707 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: MGR () Delete
Name: MISNER, THOMAS O
Address: 532 MOCCASIN COURT
City-St-Zip: CASSELBERRY, FL 32707

Title: MGR () Delete
Name: MISNER, ELINOR A
Address: 532 MOCCASIN COURT
City-St-Zip: CASSELBERRY, FL 32707

Title: MGRM () Delete
Name: GARNER, VICKI M
Address: 213 NLB HILL CIRCLE
City-St-Zip: LONGWOOD, FL 32799

ADDITIONS/CHANGES:

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

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

Title: MGRM (X) Change () Addition
Name: GARNER, VICKI M
Address: 213 NOB HILL CIRCLE
City-St-Zip: LONGWOOD, FL 32799

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: THOMAS O. MISNER

MGR

04/13/2006

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