

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000096393

FILED
Apr 18, 2007
Secretary of State

Entity Name: WORTHMANN MAIL CENTERS, LLC

Current Principal Place of Business:

12830 SW 1ST LANE
SUITE 107
NEWBERRY, FL 32669

New Principal Place of Business:

12921 SW 1ST ROAD
SUITE 107
NEWBERRY, FL 32669

Current Mailing Address:

12830 SW 1ST LANE
SUITE 107
GAINESVILLE, FL 32669

New Mailing Address:

12921 SW 1ST ROAD
SUITE 107
NEWBERRY, FL 32669

FEI Number: 20-3513408

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WORTHMANN, ERIK
12128 NW 74TH TERR
ALACHUA, FL 32615 US

Name and Address of New Registered Agent:

WORTHMANN, ERIK
6709 NW 113TH LANE
ALACHUA, FL 32615 US

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:

04/18/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: WORTHMANN, ERIK
Address: 630 TURKEY CREEK
City-St-Zip: ALACHUA, FL 32615

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: WORTHMANN, ERIK
Address: 6709 NW 113TH LANE
City-St-Zip: ALACHUA, FL 32615

Title: MGR () Change (X) Addition
Name: WORTHMANN, CHRISTINE
Address: 6709 NW 113TH LANE
City-St-Zip: ALACHUA, FL 32615

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: ERIK WORTHMANN

MGR

04/18/2007

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