2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 01, 2008
Secretary of State

DOCUMENT# L05000112361

Entity Name: SARASOTA LOGISTICS, LLC

Current Principal Place of Business:

1746 10TH WAY
SARASOTA, FL 34236

New Principal Place of Business:

Current Mailing Address:

5700 MIDNIGHT PASS ROAD
SARASOTA, FL 34242

New Mailing Address:

FEI Number: 20-3827947 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
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:

HOWELL, FRANK W
361 AVENDIA LEONA
SARASOTA, FL 34242 US

Name and Address of New Registered Agent:

HOWELL, FRANK W
33 EDMONDSON AVE
SARASOTA, FL 34242 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: FRANK W HOWELL 07/01/2008
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: HOWELL, FRANK W
Address: 361 AVENDIA LEONA
City-St-Zip: SARASOTA, FL 34242

Title: MGR ( ) Delete
Name: HOWELL, TAUNIA L
Address: 361 AVENDIA LEONA
City-St-Zip: SARASOTA, FL 34242

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: HOWELL, FRANK W
Address: 33 EDMONDSON AVE
City-St-Zip: SARASOTA, FL 34242

Title: MGR (X) Change ( ) Addition
Name: HOWELL, TAUNIA L
Address: 33 EDMONDSON AVE
City-St-Zip: SARASOTA, FL 34242

I hereby certify that the information supplied with this filing does not qualify 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: FRANK W HOWELL MGR 07/01/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date