

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 06, 2007 8:00 am
Secretary of State

08-06-2007 90055 030 ****50.00

DOCUMENT # L06000059065						
1. Entity Name JUDAH PACK AND SHIP, LLC						
Principal Place of Business 264 W. VOORHIS AVE. DE LAND, FL 32720			Mailing Address 264 W. VOORHIS AVE. DE LAND, FL 32720			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
City & State		City & State		4. FEI Number		
Zip		Country		05022007 Chg-LLC CR2E083 (12/06)		
5. Certificate of Status Desired				<input type="checkbox"/> \$5.00 Additional Fee Required <input checked="" type="checkbox"/> Not Applicable		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent			
FOSTER, ROBERT ESQ. 108 W. RICH AVE. DE LAND, FL 32720			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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____						
Filing Fee is \$50.00 Due by September 14, 2007		Make check payable to Florida Department of State				
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM WRIGHT, JAMES 282 W. VOORHIS AVE. DE LAND, FL 32720		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM WRIGHT, MARLENE 282 W. VOORHIS AVE. DE LAND, FL 32720		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM WRIGHT, LIONEL 282 W. VOORHIS AVE. DE LAND, FL 32720		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP			<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP			<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP			<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>James A. Wright</i>				8/1/07 736-4680		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date Daytime Phone #		