

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000090869

FILED  
Jan 21, 2008  
Secretary of State

Entity Name: TAIL-GATOR CARRIER ONLINE, LLC.

**Current Principal Place of Business:**

189 NE EGLIN PARKWAY  
2ND FLOOR, SUITE 201  
FORT WALTON BEACH, FL 32548 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 446  
FORT WALTON BEACH, FL 325490446 US

**New Mailing Address:**

FEI Number: 20-5934494

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

ERICKSON, LOUIS J JR.  
1106 POST OAK PATH  
FORT WALTON BEACH, FL 32547 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: ERICKSON, LOUIS J JR.  
Address: P.O. BOX 365  
City-St-Zip: FORT WALTON BEACH, FL 325490365 US

Title: MGRM ( ) Delete  
Name: MAYFIELD, VINCENT W  
Address: 75 7TH AVENUE  
City-St-Zip: SHALIMAR, FL 325791810 US

**ADDITIONS/CHANGES:**

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

Title: MGRM (X) Change ( ) Addition  
Name: MAYFIELD, VINCENT W  
Address: 200 COUNTRY CLUB RD.  
City-St-Zip: SHALIMAR, FL 32579 US

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: LOUIS J. ERICKSON, JR.

MGRM

01/21/2008

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