

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
4 Jul 14, 2008 8:00 am
Secretary of State

04-28-2008 90062 013 ***138.75

DOCUMENT # L07000028778 1. Entity Name PODS OF MISSISSIPPI, LL C																																																																											
Principal Place of Business 5585 RIO VISTA DRIVE CLEARWATER, FL 33760			Mailing Address 5585 RIO VISTA DRIVE CLEARWATER, FL 33760																																																																								
2. Principal Place of Business - No P.O. Box #		3. Mailing Address																																																																									
Suits, Apt. #, etc.		Suits, Apt. #, etc.																																																																									
City & State		City & State																																																																									
Zip	Country	Zip	Country	4. FRI Number 20-2759417																																																																							
5. Certificate of Status Desired ☐				Applied For ☐ Not Applicable																																																																							
6. Name and Address of Current Registered Agent PARKER, AARON B 5585 RIO VISTA DRIVE CLEARWATER, FL 33760				7. Name and Address of New Registered Agent 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: _____ Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reappointing)																																																																											
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State																																																																									
9. MANAGING MEMBERS / MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">NAME</td> <td style="width: 30%;">STREET ADDRESS</td> <td style="width: 10%;">CITY - ST - ZIP</td> <td style="width: 10%; text-align: center;">☐ Delete</td> </tr> <tr> <td></td> <td>CEO</td> <td>5585 Rio Vista Drive Clearwater</td> <td>FL 33760</td> <td></td> </tr> <tr> <td></td> <td>Secretary</td> <td>Aaron Parker</td> <td>5585 Rio Vista Dr. Clearwater</td> <td></td> </tr> <tr> <td></td> <td>CFO</td> <td>Samuel Hensley</td> <td>5585 Rio Vista Dr. Clearwater, FL 33760</td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td style="text-align: center;">☐ Delete</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td style="text-align: center;">☐ Delete</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td style="text-align: center;">☐ Delete</td> </tr> </table> 10. ADDITIONS / CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">NAME</td> <td style="width: 30%;">STREET ADDRESS</td> <td style="width: 10%;">CITY - ST - ZIP</td> <td style="width: 10%; text-align: center;">☐ Change ☐ Addition</td> </tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>						TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Delete		CEO	5585 Rio Vista Drive Clearwater	FL 33760			Secretary	Aaron Parker	5585 Rio Vista Dr. Clearwater			CFO	Samuel Hensley	5585 Rio Vista Dr. Clearwater, FL 33760						☐ Delete					☐ Delete					☐ Delete	TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Change ☐ Addition																														
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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>Sina Greganti</i> 4/08 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE																																																																											

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