

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

**FILED
Apr 28, 2008 8:00 am
Secretary of State**

04-28-2008 90061 006 ***138.75

DOCUMENT # L07000061293		
1. Entity Name SAME DAY REGIONAL DELIVERIES(SDR-FLORIDA) LLC		

Principal Place of Business 12236 FOXMOOR PEAK DRIVE RIVerview, FL 33569		Mailing Address 12236 FOXMOOR PEAK DRIVE RIVerview, FL 33569	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

6. Name and Address of Current Registered Agent RICHARD, ANITA 12236 FOXMOOR PEAK DRIVE RIVerview, FL 33569		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	(NOTE: Registered Agent signature required when reinstating)	DATE
		Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition MGR RICHARD ANITA 12236 FOXMOOR PEAK DRIVE RIVerview, FL 33579
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
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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: *Richard Anita* **4/21/08** **813-494-2689**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #