

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000076826

**FILED**  
**Apr 27, 2011**  
**Secretary of State**

**Entity Name:** INTERSECTION UNLIMITED, LLC

**Current Principal Place of Business:**

1436 JACK MCKINNEY ROAD  
RUTHERFORDTON, NC 28139 US

**New Principal Place of Business:**

2645 ROCKFORD ROAD  
SHELBY, NC 28152 US

**Current Mailing Address:**

9812 NORTH 56TH STREET  
TAMPA, FL 33617 US

**New Mailing Address:**

**FEI Number:** 26-0594423      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

LIZBETH POTTS & ASSOCIATES, P.A.  
9812 NORTH 56TH STREET  
TAMPA, FL 33617 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:** MBRM  
**Name:** CHASE, NICHOLAS M  
**Address:** 2645 ROCKFORD ROAD  
**City-St-Zip:** SHELBY, NC 28152 US

**Title:** MGRM  
**Name:** CHASE, SARAH  
**Address:** 2645 ROCKFORD ROAD  
**City-St-Zip:** SHELBY, NC 28152 US

I hereby 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: NICHOLAS CHASE      MBRM      04/27/2011

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