

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000082556

FILED
Mar 26, 2009
Secretary of State

Entity Name: QWIK PACK & SHIP OF HOMOSASSA LIMITED LIABILITY COMPANY

Current Principal Place of Business:

4548 S. SUNCOAST BLVD.
HOMOSASSA,, FL 34446

New Principal Place of Business:

Current Mailing Address:

4548 S. SUNCOAST BLVD.
HOMOSASSA,, FL 34446

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

FENWICK, DAVID MGMBR
15841 PINES BLVD
115
PEMBROKE PINES, FL 33027 US

Name and Address of New Registered Agent:

FENWICK, DAVID MGMBR
4548 S. SUNCOAST BLVD
HOMOSASSA, FL 34446 US

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: DAVID FENWICK

03/26/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: FENWICK, DAVID
Address: 4548 S. SUNCOAST BLVD.
City-St-Zip: HOMOSASSA, FL 34446

Title: MGRM () Delete
Name: SMITH, ELIZABETH
Address: 4548 S SUNCOAST BLVD
City-St-Zip: HOMOSASSA, FL 34446

ADDITIONS/CHANGES:

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

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

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: DAVID FENWICK

MGRM

03/26/2009

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