

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000079962

Entity Name: WEBSTORE FREEWAY LLC

FILED
Apr 14, 2009
Secretary of State

Current Principal Place of Business:

3491 PALL MALL DRIVE
SUITE 102
JACKSONVILLE, FL 32257

New Principal Place of Business:

Current Mailing Address:

3491 PALL MALL DRIVE
SUITE 102
JACKSONVILLE, FL 32257

New Mailing Address:

FEI Number: 26-3207826

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MILLIS, FRANK E JR.
3491 PALL MALL DRIVE
SUITE 102
JACKSONVILLE, FL 32257 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: MILLIS, CHARLENE A
Address: 2705 N. PORTOFINO ROAD
City-St-Zip: ST. AUGUSTINE, FL 32092

Title: MGRM () Delete
Name: MILLIS, FRANK E JR.
Address: 2705 N. PORTOFINO ROAD
City-St-Zip: ST. AUGUSTINE, FL 32257

Title: MGRM () Delete
Name: ROBERTSON, LACEY M
Address: 375 PORTA ROSA CIRCLE
City-St-Zip: ST. AUGUSTINE, FL 32092

ADDITIONS/CHANGES:

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

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: FRANK MILLIS

MGR

04/14/2009

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