2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 20, 2009
Secretary of State

DOCUMENT# L08000096172

Entity Name: HANDLE WITH CARE PACK & SHIP, LLC

Current Principal Place of Business:

310 HARRISON AVENUE
PANAMA CITY, FL 32401

New Principal Place of Business:

Current Mailing Address:

310 HARRISON AVENUE
PANAMA CITY, FL 32401

New Mailing Address:

FEI Number: 26-3518155 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WHITSITT, RICHARD L
2454 PRETTY BAYOU BLVD
PANAMA CITY, FL 32405 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: WHITSITT, MALANI T
Address: 121 N 14TH STREET
City-St-Zip: MEXICO BEACH, FL 32410

Title: MGR ( ) Delete
Name: ADKINS, STUART L JR
Address: 121 N 14TH STREET
City-St-Zip: MEXICO BEACH, FL 32410

Title: MGR ( ) Delete
Name: WHITSITT, RICHARD L
Address: 2454 PRETTY BAYOU BLVD
City-St-Zip: PANAMA CITY, FL 32405

ADDITIONS/CHANGES:

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

Title: MGR (X) Change ( ) Addition
Name: HILTON, JULIE K
Address: 11127 FRONT BEACH ROAD
City-St-Zip: PANAMA CITY BEACH, FL 32407

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: MALANI T WHITSITT MGRM 03/20/2009

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