

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000100395

Entity Name: WEBGISTICS, LLC

FILED  
Apr 22, 2009  
Secretary of State

**Current Principal Place of Business:**

1892 COMMERCE AVE  
SUITE 103  
VERO BEACH, FL 32960

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 643938  
VERO BEACH, FL 32964

**New Mailing Address:**

FEI Number: 26-3648633

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

WALKER, CHARLES D  
409 21ST PLACE SE  
VERO BEACH, FL 32962 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: WALKER, CHARLES D  
Address: 409 21ST PLACE SE  
City-St-Zip: VERO BEACH, FL 32962

Title: MGRM ( ) Delete  
Name: CRAIG, JOHN W  
Address: 2090 EASTWOOD DRIVE  
City-St-Zip: MERRITT ISLAND, FL 32952

Title: MGRM ( ) Delete  
Name: DEIBERT, ALLEN V III  
Address: 106 GARY LANE  
City-St-Zip: COCOA, FL 32922

**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: CHARLES D WALKER

MGRM

04/22/2009

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