

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000112743

Entity Name: PHOENIX COURIER LLC

FILED  
Jul 05, 2009  
Secretary of State

## Current Principal Place of Business:

2750 RACE TRACK RD  
STE305, PMB 129  
SAINT JOHNS, FL 32259

## New Principal Place of Business:

## Current Mailing Address:

2750 RACE TRACK RD  
STE305, PMB 129  
SAINT JOHNS, FL 32259

## New Mailing Address:

FEI Number: 26-3842729      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

## Name and Address of Current Registered Agent:

ROWLAND, JAMES  
2750 RACE TRACK RD  
STE 305, PMB#129  
SAINT JOHNS, FL 32259 US

## Name and Address of New Registered Agent:

ROWLAND, CELESTE R  
2750 RACE TRACK RD  
STE 305, PMB#129  
SAINT JOHNS, FL 32259 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: CELESTE R ROWLAND

07/05/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: JAMES, ROWLAND C  
Address: 648 GRAND PARKE DR  
City-St-Zip: JACKSONVILLE, FL 32259

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: CELESTE, ROWLAND R  
Address: 648 GRAND PARKE DR  
City-St-Zip: JACKSONVILLE, FL 32259

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: CELESTE R ROWLAND

MGRM

07/05/2009

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