

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000006536

Entity Name: 9 EXPEDITED, LLC

**FILED**  
**May 01, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

540 CARILLON PKWY  
3120  
ST PETERSBURG, FL 33716

**New Principal Place of Business:**

**Current Mailing Address:**

540 CARILLON PKWY  
3120  
ST PETERSBURG, FL 33716

**New Mailing Address:**

FEI Number: 27-1694779

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

WILSON, ALBERT JR.  
540 CARILLON PKWY  
3120  
ST PETERSBURG, FL 33716 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  
Name: WILSON, ALBERT JR.  
Address: 540 CARILLON PKWY 3120  
City-St-Zip: ST PETERSBURG, FL 33716

Title: T  
Name: LEGRANDE, PAMELA L  
Address: 540 CARILLON PKWY 3120  
City-St-Zip: ST PETERSBURG, FL 33716

I hereby 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: ALBERT WILSON, JR

MGRM

05/01/2012

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