

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000045045

**FILED**  
**Feb 16, 2011**  
**Secretary of State**

**Entity Name:** FLORIDA DELIVERY SERVICE LLC.

**Current Principal Place of Business:**

4607 OLD SAYBROOK AVE.  
TAMPA, FL 33624

**New Principal Place of Business:**

16304 BONNEVILLE DRIVE  
TAMPA, FL 33624

**Current Mailing Address:**

4607 OLD SAYBROOK AVE.  
TAMPA, FL 33624

**New Mailing Address:**

16304 BONNEVILLE DRIVE  
TAMPA, FL 33624

**FEI Number:** 27-1226236

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MOAN, BRIAN J  
4607 OLD SAYBROOK AVE.  
TAMPA FL, FL 33624 US

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

MOAN, BRIAN J  
16304 BONNEVILLE DRIVE  
TAMPA, FL 33624 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: BRIAN J MOAN

02/16/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: MOAN, BRIAN J  
Address: 16304 BONNEVILLE DRIVE  
City-St-Zip: TAMPA, FL 33624

Title: MGR  
Name: GARKEY, SAM  
Address: 16304 BONNEVILLE DRIVE  
City-St-Zip: TAMPA, FL 33624

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: BRIAN J MOAN

MGR

02/16/2011

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