

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000041263

**FILED**  
**Feb 13, 2012**  
**Secretary of State**

**Entity Name:** OFFSHORE WHOLESALE LLC

**Current Principal Place of Business:**

1500 2ND STREET SOUTH  
BLDG 3  
SAINT PETERSBURG, FL 33701

**New Principal Place of Business:**

**Current Mailing Address:**

4365 BIRCH STREET N.E.  
SAINT PETERSBURG, FL 33703

**New Mailing Address:**

1500 2ND STREET SOUTH  
BLDG 3  
SAINT PETERSBURG, FL 33701

**FEI Number:** 90-0680689

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

COCKER, STEPHEN  
4365 BIRCH STREET N.E.  
SAINT PETERSBURG, FL 33703 US

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

COCKER, STEPHEN  
1500 2ND STREET SOUTH  
BUILDING 3  
SAINT PETERSBURG, FL 33701 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: \_\_\_\_\_

02/13/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: COCKER, STEPHEN  
Address: PO BOX 7399  
City-St-Zip: SAINT PETERSBURG, FL 33734

Title: MGR  
Name: BATTAGLIA, WAYNE  
Address: 4365 BIRCH STREET N.E.  
City-St-Zip: SAINT PETERSBURG, FL 33703

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: STEPHEN COCKER

MGR

02/13/2012

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