

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

4/ **May 21, 2008 8:00 am**
Secretary of State

04-21-2008 90321 038 ***138.75

DOCUMENT # L95000000273 1. Entity Name PACKAGE B, L.C.	
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Principal Place of Business 1201 OAKFIELD DRIVE BRANDON, FL 33511	Mailing Address POST OFFICE BOX 1110 BRANDON, FL 33509
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DO NOT WRITE IN THIS SPACE



04112008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 59-3308812	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent MCDERMOTT, MICHAEL J ESQ. 791 WEST LUMSDEN ROAD BRANDON, FL 33511	DO NOT WRITE IN THIS SPACE
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *Wm McKnight* (NOTE: Registered Agent signature required when reinstating) DATE: 4/13/08

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MCKNIGHT, WILLIAM D 805 ARROWHEAD LANE BRANDON, FL 33511
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M MCKNIGHT, KATHRYN A 805 ARROWHEAD LANE BRANDON, FL 33511
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M MCKNIGHT, ROBERT G 805 ARROWHEAD LANE BRANDON, FL 33511
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M MCKNIGHT, CHRISTINE E 805 ARROWHEAD LANE BRANDON, FL 33511
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M MCKNIGHT, MICHELLE M 805 ARROWHEAD LANE BRANDON, FL 33511
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M MCKNIGHT, BRUCE E 805 ARROWHEAD LANE BRANDON, FL 33511

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: *Wm McKnight* Date: 5/14/08 Daytime Phone #: 813 681-4279

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE