

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 30, 2006 8:00 am**  
**Secretary of State**

03-30-2006 90191 050 \*\*\*\*50.00

**DOCUMENT # L99000000099**

1. Entity Name  
**WAREHOUSE EXPRESS, LLC**



Principal Place of Business  
**1520 NORTHGATE BLVD.  
SARASOTA, FL 34234**

Mailing Address  
**1520 NORTHGATE BLVD.  
SARASOTA, FL 34234**

2. Principal Place of Business

**7155 16th St. East**

Suite, Apt. #, etc.

**Unit 101**

City & State

**Sarasota FL**

Zip

**34243**

Country

**Maratee**

3. Mailing Address

**7155 16th St. East**

Suite, Apt. #, etc.

**Unit 101**

City & State

**Sarasota FL**

Zip

**34243**

Country

**Maratee**



03032006

Chg-LLC

CR2E083 (11/05)

4. FEI Number

**65-0887570**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**HINES, JAMES P ESQ.  
315 SOUTH HYDE PARK AVENUE  
TAMPA, FL 33606**

7. Name and Address of New Registered Agent

Name

**Mark Richmond**

Street Address (P.O. Box Number is Not Acceptable)

**7155 16th St. East**

City

**Sarasota**

**FL**

Zip Code

**34243**

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

*Mark Richmond*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

*3/3/06*

**Filing Fee is \$50.00  
Due by May 1, 2006**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	RICHMOND, MARK	
STREET ADDRESS	1520 NORTHGATE BLVD.	
CITY-ST-ZIP	SARASOTA, FL 34234	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>7155 16th St. East Unit 101</b>	
CITY-ST-ZIP	<b>Sarasota, FL 34243</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

*Mark Richmond*

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

Date

Daytime Phone #

*3/3/06*