

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 15, 2007 08:00 AM
Secretary of State

DOCUMENT # L99000002615

1. Entity Name
PLUG IT.COM, LLC



Principal Place of Business
226 SOUTH PALAFOX STREET
4TH FLOOR
PENSACOLA, FL 32501

Mailing Address
226 SOUTH PALAFOX STREET
4TH FLOOR
PENSACOLA, FL 32501



02082007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3579109

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

CAMPBELL, JAMES S
BEGG AND LANE
501 COMMENDENCIA ST.
PENSACOLA, FL 32502

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IN THIS SPACE**

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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

U00000636980
02/26/07-90042-006 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WHIBBS, VINNIE J CEO 226 S. PALAFOX STREET PENSACOLA, FL 32502
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR APPLEYARD, RICHARD L MGR 4400 BAYOU BOULEVARD PENSACOLA, FL 32503
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SWITZER, ROBERT J MGR P.O. BOX 1313 PENSACOLA, FL 32596
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BULLOCK, ELLIS W MGR P. O. BOX 1983 PENSACOLA, FL 32591
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR O'SULLIVAN, MORT J MGR 316 S. BAYLEN ST. PENSACOLA, FL 32591
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: _____

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

Date

Daytime Phone #

2/9/2007 (850) 439-3377 X334