2002 UNIFORM BUSINESS REPORT (UBR)				FILED Aug 28, 2002 8:00 am	
DOCUMENT # M0000000920				Aug 28, 2002 8:00 am Secretary of State	
PEDDLERS M	IALL LLC		Υ.	08-28-2002 90035 002 ****50.00	
Principal Place of Bu	usiness	Mailing Address	······	·	
11309 N NEBRASKA TAMPA FL 33612		11310 PRESTON HIGHWAY LOUISVILLE KY 40229		976999	
2. Principal Place of Business Brandon Blud 3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE	
Brandon FL.		City & State		4. FEI Number 61-134 1885 Applied For Not Applicable	
23511 ""IISA		Zip	Country	5. Certificate of Status Desired 5. Certificate o	
6.	Name and Address of Current Re	egistered Agent		7. Name and Address of New Registered Agent	
GRIFFIN, CHRIS			Name	Gerrie S. Greenwell	
509 LISA LANE BRANDON FL 33511			Street Addre	iss (P.O. Box Number is Not Acceptable) H King (Vortes Circle)	
			City Col		
8. The above name:	d entity submits this statement for th	ne purpose of changing it	. 26	REAL Zip 80584 istered agent, or both, in the State of Florida. I am familiar with, and accept	
the obligations of		unult		8-14-02	
Signatur	e, typed or printed name of registered agent and		TE: Registered Agent signature req		
	بالم الم الم الم الم الم الم	Make Check P	ayable to Departmen y September 25, 200	nt of State	
9. TITLE P	MANAGING MEMBERS		10. TITLE	ADDITIONS/CHANGES	
NAME GEO STREET ADDRESS 1202	rge, patricia c 2 Old Harrods Creek Isville ky 40223		NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
TITLE V		Delete	TITLE	Change Addition	
STREET ADDRESS 1202	rge, John N 2 Old Harrods Creek Isville Ky 40223		NAME STREET ADDRESS CITY - ST - ZIP		
-TITLE=	م المحمد المستعد الم المحمد المحم المحمد المحمد المحمد المحمد المحمد	Delete -		Change	
NAME STREET ADDRESS CITY-ST-ZIP	· · · · · · · · · · · ·		STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS	En:	Delete	TITLE NAME STREET ADDRESS	Change Addition	
CITY-ST-ZIP TITLE NAME	Constantine Carl	C Delete	CITY-ST-ZIP TITLE	Change Addition	
	s gen so persona de la composición de l En la composición de l		NAME STREET ADDRESS CITY-ST-ZIP		
TITLE		Delete	TITLE NAME	Change Addition	
STREET ADDRESS CITY-ST-ZIP			NAME STREET ADDRESS CITY-ST-ZIP	· .	
indicated on this	hat the information supplied with th report is true and accurate and the ompany or the receiver or trustee er	at my signature shail have	the same legal effect as	n Section 119.07(3)(i), Florida Statutes. I further certify that the information if made under oath; that I am a managing member or manager of the napter 608, Florida Statutes.	
SIGNATURE		REPREQUI	RED	RESENTATIVE Date Davime Phone #	

Ich ment

FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State

August 8, 2002

PEDDLERS MALL LLC 11310 PRESTON HIGHWAY LOUISVILLE, KY 40229

SUBJECT: PEDDLERS MALL LLC Ref. Number: M0000000920

We have received your document for PEDDLERS MALL LLC. However, the document has not been filed and is being returned for the following:

We are enclosing the proper form(s) with instructions for your convenience.

If you have any questions concerning the filing of your document, please call (850) 245-6911.

Brenda Tadlock Sr. Corporate Section Administrator

Letter Number: 702A00047333 .

Division of Corporations - P.O. BOX 6327 - Tallabassee, Florida 32314

Attachment

PEDDLERS MALL LLC 11310 PRESTON HIGHWAY LOUISVILLE, KY. 40229 502-964-0545 PHONE 502-964-0115 FAX

Thegay

JULY 7, 2002

ATT; DIVISION OF CORPORATIONS

THE TAMPA PEDDLERS MALL IS NO LONGER IN BUSINESS. IT WAS CLOSED EARLIER THIS YEAR DUE TO THE LEASE EXPIRATION OF KMART CORPORATIONS LEASE, WHICH WE SUBLEASED FROM. IF YOU HAVE ANY QUESTIONS OR NEED ANY FURTHER ASSISTANCE PLEASE CALL 502-964-0545.

THANK YOU,

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MONICA NETHERY

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Attached are the forms and instructions to withdraw the authority of a foreign limited liability company. The requirements are as follows:

 Pursuant to s. 608.511, Florida Statutes, the attached withdrawal application must be completed in its entirety.

The fees are as follows:

\$25.00 Filing Fee

\$30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

A letter of acknowledgment will be issued free of charge upon withdrawal. Submit one check made payable to the Florida Department of State for the total amount of the filing fee and any optional certificate or copy.

A transmittal letter should be submitted along with the application and check. The mailing address and courier address are noted below.

✓ Please send the application to:

<u>Mailing Address</u> Registration Section Division of Corporations P. O. Box 6327 Tallahassee, Fl 32314 Street Address Registration Section Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399

Any further inquiries concerning this matter should be directed to the Registration Section by calling (850) 245-6051.

) hm *i m* APPLICATION BY FOREIGN LIMITED LIABILITY COMPAN FOR WITHDRAWAL OF AUTHORITY TO TRANSACT BUSINESS IN **FLORIDA** Name of limited liability company) (Jurisdiction of its organization) This limited liability company is no longer transacting business in Florida and surrenders its - authority to transact business in this state. This limited liability company revokes the authority of its registered agent to accept service on its behalf and appoints the Department of State as its agent for service of process based on a cause of action arising during the time it was authorized to transact business in Florida. ā State/Zip The limited liability company agrees to notify the Department of State in the future of any change in its mailing address.

(Signature of member or authorized representative of a member)

(Typed or printed name of signee)

Filing Fee: \$25.00