2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Sep 17, 2004 8:00 am Secretary of State

DOCUMENT # M0200001436 1. Entity Name TIMELY RETAIL SOLUTIONS, LLC						08-27-200	14 90103 03:	3 ****	`50.00	
Principal Plac 9 BEACON D WILDER, KY		Mailing Address 9 BEACON DRIVE WILDER, KY 41075	9 BEACON DRIVE							
2. Principal P	Place of Business	3. Mailing Address								
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		08162004	Chg-LLC	CR2E083 (1	0/03)		
City & State		City & State			4. FEI Number 75-2998509			_	olled For Applicable	
Zip	Country	Zip	Country			of Status Desired				
	6. Name and Address of Curren	t Registered Agent	egistered Agent Name		7. Name and Address of New Registered Agent					
	ORATION SYSTEM TH'PINE ISLAND ROAD					(P.O. Box Number is Not Acceptable)				
	ON, FL 33324									
	i v		City			FL Zip Code				
	named entity submits this statement titions of registered agent.	or the purpose of changing its r	registered offic	e or register	ed agent, or bot	h, in the State of Fic	orida. I am familia	er with, a	ind accept	
SIGNATURE .	Signature, typed or printed name of registered age:	s and title Vapolicable. (NOTE	: Registered Agent	Manager required	(when reinstating)		DATE			
Fil Due t	ling Fee Is \$50.00 by September 8, 2004				Make check payable to Florida Department of State					
9.	MANAGING MEMB		10.			ADDITIONS/		,		
NAME STREET ADDRESS CITY-ST-ZIP	MGRM FRICKMON, THOMAS K 9 BEARON DRIVE WILDER, KY 41076	☐ Delote	TITLE NAME STREET ADOR CITY-ST-ZIP		Kman, recom Dr	thomus	. K	hange	Addition	
TITLE NAME STREET ADDRESS I CITY-ST-ZIP	MGRM ZEISLOFT, ROBERT D 9 BEARON DRIVE WILDER, KY 41076	☐ Delata	TITLE NAME STREET ADDR CITY-ST-ZIP	1 Be	keem De	\V&	<u>G</u>	thange	Addition ·	
TITLE NAME STREET ADDRESS- CITY-ST-ZIP	MGRM ROBISON, THOMAS -1344-LYNMER-BLVD	☐ Delete	TITLE RAME -STREET ADDR	E\$5-				ihange	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	3 3 4 4	☐ Delete	TITLE NAME STREET ADDR	ESS .				hange	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	9	☐ Delete	TITLE NAME STREET ADORE CITY-ST-ZIP	ESS			_ c	ihang a	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1	☐ Delate	TITLE NAME STREET ADDR	ESS				hange	Addition	
maicated	certify that the information supplied wit on this report is true and accurate and billity company or the receiver or truste	d that my signature shall have th	ne same lecal	effect as if M	iade under oath:	that I am a maned	further certify the ing member or n	it the infi nanager	ormation of the	
SIGNAT	URE: Hoten SIGNATURE AND TYPED OR PRENTED NAME	GE SEGNING MANAGING MEMBER, MANA	M	NZED REPRESE		13 - 07 Dave	859-4 Dayers P		426	



Alfachment

FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State

August 31, 2004

TIMELY RETAIL SOLUTIONS, LLC 9 BEACON DRIVE WILDER, KY 41075

Subject: TIMELY RETAIL SOLUTIONS, LLC

-- Reference Number: ---

- M02000001436

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

The annual report/uniform business report must be signed by a managing member, manager or an authorized representative of the limited liability company.

TO AVOID THE ADMINISTRATIVE DISSOLUTION/REVOCATION, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 6478, TALLAHASSEE, FLORIDA 32314 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/bg ANNUAL REPORTS SECTION