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Secretary of State
07-11-2005 90043 032 ****55.00

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2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M02000001496

1. Entity Name
AMWARE PALLET SERVICES, LLC

Principal Place of Business	Mailing Address
331 METCALF ROAD, 2ND BUILDING, SUITE 7 AVON, CO 81620	PO BOX 8370 AVON, CO 81620

07052005 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business		3. Mailing Address	
936 Chambers Ct		PO Box 5259	
Suite, Apt. #, etc.: #A-11		Suite, Apt. #, etc.	
City & State: Eagle, CO		City & State: Eagle, CO	
Zip: 81631-5259	Country: USA	Zip: 81631-5259	Country: USA

4. FEI Number: 30-0079555 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 September 7, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR WILHELM, MARK J 331 METCALF ROAD, 2ND BUILDING, SUITE 7 AVON, CO 81620	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR WILHELM, MARK J 936 CHAMBER CT, #A-11 EAGLE, CO 81631-5259	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR SMITH, JIM 331 METCALF ROAD, 2ND BUILDING, SUITE 7 AVON, CO 81620	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR SMITH, JIM 936 CHAMBERS CT, #A-11 EAGLE, CO 81631-5259	☑ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #