


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 22, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # M02000002072</b>	
1. Entity Name WHOLESALE'S UNLIMITED L.L.C.	

Principal Place of Business 4380 ST. JOHN'S PARKWAY SUITE 100 SANFORD, FL 32771	Mailing Address 4380 ST. JOHN'S PARKWAY SUITE 100 SANFORD, FL 32771
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**DO NOT WRITE IN THIS SPACE**



03312004 No Chg-LLC CR2E083 (10/03)

4. FEI Number 06-1566751	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

8. Name and Address of Current Registered Agent

WHOLESALE'S UNLIMITED LLC  
4380 ST. JOHN'S PARKWAY, SUITE 100  
SANFORD, FL 32771

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IN THIS SPACE**

9. 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00  
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PELOSO, GEORGE M 526 TERA PLANTATION LANE DEBARY, FL 32713
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PELOSO, DONNA M 526 TERA PLANTATION LANE DEBARY, FL 32713
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04/22/04-80061-018 50.00

**DO NOT WRITE  
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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:** George M. Peloso 4/19/04 407 342 6155  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Day/Time Phone #