

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M02000002072

1. Entity Name

WHOLESALE'S UNLIMITED L.L.C.



FILED

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01-14-2003 90036 002 ****55.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 06-1566751

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name: WHOLESALE'S UNLIMITED LLC
Street Address (P.O. Box Number is Not Acceptable):
4380 ST JOHN'S PARKWAY SUITE 100
City: SANFORD FL Zip Code: 32771

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

George M. Peloso George M. PELOSO 32713
526 TERA PLANTATION DEBARY 3/26/03

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE: MGR
NAME: PELOSO, GEORGE M
STREET ADDRESS: 526 TERA PLANTATION LANE
CITY-ST-ZIP: DEBARY FL 32713

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: MGR
NAME: PELOSO, DONNA M
STREET ADDRESS: 526 TERA PLANTATION LANE
CITY-ST-ZIP: DEBARY FL 32713

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
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STREET ADDRESS: ☐ Change ☐ Addition
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)(f), 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 REQUIRED

George M. Peloso George M. PELOSO 3/26/03 407-302-6155

CR2E083 (10/02)