

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 13, 2006 8:00 am
Secretary of State

01-13-2006 90037 046 ****50.00

DOCUMENT # M02000002174

1. Entity Name
FL WAREHOUSE HOLDINGS, LLC



60001442

Principal Place of Business
1280 ATLANTA HWY.
MADISON, GA 30650

Mailing Address
C/O BROOKS PENNINGTON III
PO BOX 290
MADISON, GA 30650

2. Principal Place of Business
1210 Maxey Lane
Suite, Apt. #, etc.

3. Mailing Address
1210 Maxey Lane
Suite, Apt. #, etc.

City & State
Madison, GA

City & State
Madison, GA

01102006 Chg-LLC CR2E083 (11/05)

Zip
30650

Country

Zip
30650

Country

4. FEI Number
54-2067721

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2006**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR
NAME PENNINGTON, BROOKS M III
STREET ADDRESS 1280 ATLANTA HWY
CITY-ST-ZIP MADISON, GA 30650 ☐ Delete

TITLE
NAME
STREET ADDRESS 1210 Maxey Lane ☒ Change ☐ Addition
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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 exemptions contained in Chapter 119, 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

January 10, 2006

Date

706-342-1234

Daytime Phone #