

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 15, 2005 08:00 AM
Secretary of State

DOCUMENT # M02000002185

1. Entity Name
DESPATCH HOLDINGS, LLC



Principal Place of Business

**8860 207TH ST. W.
LAKEVILLE, MN 55044**

Mailing Address

**8860 207TH ST. W.
LAKEVILLE, MN 55044**

DO NOT WRITE IN THIS SPACE



04052005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number
41-0218310

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525**

**DO NOT WRITE
IN THIS SPACE**

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 May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
PEYTON, PATRICK J
8860 207TH ST. W.
LAKEVILLE, MN 55044**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
RONNINGEN, GERALDINE A
8860 207TH ST. W.
LAKEVILLE, MN 55044**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
WONG, JULIE A
8860 207TH ST. W.
LAKEVILLE, MN 55044**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000306367
04/15/05-80013-006 50.00

**DO NOT WRITE
IN THIS SPACE**

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, OR AUTHORIZED REPRESENTATIVE

4/6/05

Date

952-944-5000

Daytime Phone #