

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 01, 2006 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



04242006 No Chg-LLC

CR2E083 (11/05)

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**

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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 reappointing)

DATE _____

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

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	PEYTON, PATRICK J
STREET ADDRESS	8860 207TH ST. W.
CITY-ST-ZIP	LAKEVILLE, MN 55044
TITLE	MGR
NAME	RONNINGEN, GERALDINE A
STREET ADDRESS	8860 207TH ST. W.
CITY-ST-ZIP	LAKEVILLE, MN 55044
TITLE	MGR
NAME	WONG, JULIE A
STREET ADDRESS	8860 207TH ST. W.
CITY-ST-ZIP	LAKEVILLE, MN 55044
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/13/06-80022-023 50.00

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IN THIS SPACE**

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, OR AUTHORIZED REPRESENTATIVE

4/24/06
Date

952-344-5000
Daytime Phone #