


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # M05000005602 1. Entity Name CAROLINA SUPPLY CHAIN SERVICES, LLC	
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Principal Place of Business 2601 PILGRIM COURT WINTSTON-SALEM, NC 27106	Mailing Address 2601 PILGRIM COURT WINTSTON-SALEM, NC 27106
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000001344530
01/26/06-80014-010 \$0.00



DO NOT WRITE IN THIS SPACE

01062006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-3243914	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

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

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WHITAKER, JOHN C JR. 2601 PILGRIM COURT WINTSTON-SALEM, NC 27106
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DOUGHTON, S. MARK 2601 PILGRIM COURT WINTSTON-SALEM, NC 27106
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR EVANS TESSIEN, CYNTHIA 2601 PILGRIM COURT WINTSTON-SALEM, NC 27106
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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 606, Florida Statutes.

SIGNATURE: S. Mark Doughton 1-09-06 336-770-3500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #