

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 11, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # M06000006624**

1. Entity Name  
**DISCOUNT OUTLET DEPOT LLC**



Principal Place of Business      Mailing Address  
**431 19TH AVE. NE      431 19TH AVE. NE**  
**RUSKIN, FL 33570      RUSKIN, FL 33570**



01032008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>20-1761981</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00 Additional Fee Required</b>

**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)

1100000021037  
02/19/08-2008-006 128.75

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGRM
NAME	FAHEY, PETER
STREET ADDRESS	359 S. SWING RD
CITY-ST-ZIP	GREENSBORO, NC 27409

TITLE	MGRM
NAME	CARLSON, LARRY
STREET ADDRESS	359 S. SWING RD
CITY-ST-ZIP	GREENSBORO, NC 27409

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
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CITY-ST-ZIP	

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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
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

**PETER FAHEY**

**1-30-08 203-554-7164**

Date

Daytime Phone #