

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M08000000110

FILED
May 07, 2009
Secretary of State

Entity Name: WHOLESAL PROPERTIES LLC

Current Principal Place of Business:

410 CAMELLIA AVE.
TITUSVILLE, FL 32796

New Principal Place of Business:

3880 S. WASHINGTON AVE #240
TITUSVILLE, FL 32780

Current Mailing Address:

410 CAMELLIA AVE.
TITUSVILLE, FL 32796

New Mailing Address:

3235 GARDEN ST #153
TITUSVILLE, FL 32796

FEI Number: 34-1943204 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

MOHLER, HEITH D
410 CAMELLIA AVE.
TITUSVILLE, FL 32796 US

Name and Address of New Registered Agent:

MOHLER, VERONICA M
3235 GARDEN ST #153
TITUSVILLE, FL 32796 US

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.

SIGNATURE: VERONICA M MOHLER

05/07/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR () Change (X) Addition
Name: MOHLER, VERONICA M
Address: 3235 GARDEN ST #153
City-St-Zip: TITUSVILLE, FL 32796

Title: MGR () Change (X) Addition
Name: BANSAWANG, TERESA M
Address: 3235 GARDEN ST #153
City-St-Zip: TITUSVILLE, FL 32796

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: VERONICA M MOHLER

MGR

05/07/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date