

RENEWAL

LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M99 000001874

1. Entity Name

TRX Fulfillment Services, LLC



FILED

03 JAN 28 AM 11:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

6671 Caroline Street

3. Mailing Address

6 W. Druid Hills Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Attn: Tim Severt

DO NOT WRITE IN THIS SPACE

City & State

Milton, FL

City & State

Atlanta GA

4. FEI Number

58-2256870

Applied For

Not Applicable

Zip

Country USA

Zip

Country USA

5. Certificate of Status Desired

☒
\$5.00 Additional
Fee RequiredDO NOT WRITE
IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable)

1201 Hays Street

City Tallahassee

FL

Zip Code

32301-2525

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

N/A Renewal

Signature, typed or printed name of registered agent and title if applicable.

DATE

FEE IS \$50.00

Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIPMGR
TRX, INC C/O TIM SEVERT
6 WEST DRUID HILLS DRIVE
ATLANTA, GA 30329TITLE
NAME
STREET ADDRESS
CITY - ST - ZIPTITLE
NAME
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CITY - ST - ZIP100010672471
01/23/03--01063--004 **\$5.00DO 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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Timothy Severt

01/20/03

404-929-6118

Date

Daytime Phone #

CR2E083B (12/02)