

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000150299

**Entity Name:** LIBERTY WAREHOUSING, LLC

**Current Principal Place of Business:**

4225 JAMES E CASEY DR.  
UNIT 8  
JACKSONVILLE, FL 32219

**Current Mailing Address:**

PO BOX 60941  
JACKSONVILLE, FL 32236 US

**FEI Number:** 47-4950862

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

DELOACH, CHRISTY A  
1151 COPPER CREEK DR.  
MACCLENNY, FL 32063 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title MGR  
Name DELOACH, CHRISTY A  
Address 1151 COPPER CREEK DR.  
City-State-Zip: MACCLENNY FL 32063

Title MGR  
Name DELOACH, CHARLES E  
Address 6343 LAUREL CT.  
City-State-Zip: MACCLENNY FL 32063

Title MGR  
Name WRIGHT, ANGELA M  
Address 3922 DEMERY DR. W.  
City-State-Zip: JACKSONVILLE FL 32250

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** ANGELA WRIGHT

**MANAGER**

**01/15/2018**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date