

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 05, 2004 8:00 am
Secretary of State

05-05-2004 90002 009 ****50.00

DOCUMENT # L03000051833

1. Entity Name
SE BARCO GAS PIPING SERVICES, LLC



Principal Place of Business
**1818 PORTLAND AVE
TALLAHASSEE, FL 32303**

Mailing Address
**1818 PORTLAND AVE
TALLAHASSEE, FL 32303**

24065400



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

04282004 Chg-LLC CR2E083 (10/03)

City & State
Zip Country

City & State
Zip Country

4. FEI Number
582677694

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

**BARCO, SAMUEL E
1818 PORTLAND AVE
TALLAHASSEE, FL 32303**

7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

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)

**Filing Fee is \$50.00
Due by May 1, 2004**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS / MANAGERS	10. ADDITIONS / CHANGES
TITLE: MGRM ☐ Delete NAME: BARCO, SAMUEL E STREET ADDRESS: 1818 PORTLAND AVE CITY-ST-ZIP: TALLAHASSEE, FL 32303	TITLE: ☐ Change ☐ Addition NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____
TITLE: ☐ Delete NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	TITLE: ☐ Change ☐ Addition NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____
TITLE: ☐ Delete NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	TITLE: ☐ Change ☐ Addition NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____
TITLE: ☐ Delete NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	TITLE: ☐ Change ☐ Addition NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____
TITLE: ☐ Delete NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	TITLE: ☐ Change ☐ Addition NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____
TITLE: ☐ Delete NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	TITLE: ☐ Change ☐ Addition NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____

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: *S. E. Barco* **5-4-04**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #