

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 27, 2005 8:00 am
Secretary of State

05-04-2005 90041 028 ****50.00

DOCUMENT # L04000028128 1. Entity Name 71920 WILLIAMS ROAD, LLC					
Principal Place of Business 6913 HARNEY ROAD TAMPA FL 33617			Mailing Address 6913 HARNEY ROAD TAMPA FL 33617		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				☒ Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent SULLIVAN, STEPHEN C 11603 LIPSEY ROAD TAMPA FL 33618				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 re-registering) DATE _____					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005					
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	President Dennis Carney 6913 Harney Road Tampa-FL-33617			☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Vice-president Sean Carney 6913 Harney Road Tampa-FL-33617			☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Treasurer Dan Carney 6913 Harney Road Tampa-FL-33617			☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Secretary Dan Martucci 6913 Harney Road Tampa-FL-33617			☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete			☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete			☐ Change ☐ Addition	
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:				Date 3/3/05 Daytime Phone #	