2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Aug 06, 2004 8:00 am Secretary of State

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DOCL	IMENT	# L00000	000581	

08-06-2004 90060 020 ****50.00 1. Entity Name FIRST COAST TECHNOLOGY SERVICES, LLC Principal Place of Business Mailing Address 6800 SOUTHPOINT PARKWAY, STE. 902 6800 SOUTHPOINT PARKWAY, STE. 902 JACKSONVILLE, FL 32216* JACKSONVILLE, FL 32216 2. Principal Place of Business 3. Mailing Address 5730 Bowden Ra 5730 Bowden Ra Suite, Apt. #, etc. Suite, Apt. #, etc. te, 306 08032004 Chg-LLC CR2E083 (10/03) 306 City & State 4. FEI Number Applied For acksonville. <u>acksonvil</u> 59-3619905 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LATSHAW, JOHN H JR. ESQ Street Address (P.O. Box Number is Not Acceptable) PATTERSON, BOND & LATSHAW, P.A. 3010 SOUTH THIRD STREET JACKSONVILLE BEACH, FL 32250 City 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. J' Ex Trans The The Town PDATE OF France Comment ح ج الما Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) The state of the s 1.26.-2-2. Filing Fee is \$50.00 Make check payable to Due by September 8, 2004 Florida Department of State 1 Towns MANAGING MEMBERS/MANAGERS -ADDITIONS/CHANGES 10. 9. MGR MGR Change ☐ Delete TITLE Addition TITLE Kozik, John M 5730 Bowden Rd, Ste. 306 Jacksonvilk, FL 32216 KOZIK, JOHN M NAME NAME STREET ADDRESS 6800 SOUTHPOINT PARKWAY, STE. 902 STREET ADDRESS JACKSONVILLE, FL 32216 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete □ Change TITLE TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP No. 19 165 18 BULLOWN T. I Delete . . ☐ Change TITLE NAME NAME **可以现在一个时间的一个时间** Jane 10 mary 1 mily 10 10 STREET ADDRESS 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:

SIGNATURE AND TYPED OR PAINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

904. 281.827 7