## 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

## Apr 30, 2004 8:00 am Secretary of State **DOCUMENT # L00000007343** 04-30-2004 90077 035 \*\*\*\*55.00 1. Entity Name STANFORD SERVICES, LLC Mailing Address Principal Place of Business 24061066 1015 10TH STREET 1015 10TH STREET LAKE PARK, FL 33403 LAKE PARK, FL 33403 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03192004 Chg-LLC CR2E083 (10/03) City & State City & State 4. FEI Number Applied Fo 65-1025728 Not Applic Zip Country Zip Country \$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 RANDALL S. SIMOES COFFEY, JAMES Street Address (P.O. Box Number is Not Acceptable) **1015 10TH STREET** LAKE PARK, FL 33403 Zip Code FL 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 acc the obligations of registered agent. printed name of registered agent and title if applicable. (NOTE: SIGNATURE (NOTE: Registered Agent signature required when reinstating) Make check payable to Filing Fee is \$50.00 Florida Department of State Due by May 1, 2004 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. m TITLE ☐ Delete TITLE ☐ Change **⊠** Ad RANDALL S. SIMOCS NAME NAME 1015 IOTH STRECT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LAKE PARK, FL 33403 CITY-ST-ZIP Titl F ☐ Delete TITLE ☐ Change ☐ Ad NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change □ Ad NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ∏ Ad ☐ Delete TITLE ☐ Change TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Ad TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Ad NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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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 informati-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 truetie empowered to execute this report as required by Chapter 608, Florida Statutes.

man - R. Simoes-rige SIGNATURE BY

CITY-ST-ZIP