

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 15, 2004 8:00 am
Secretary of State

04-15-2004 90115 011 ****50.00

DOCUMENT # L00000010332

1. Entity Name

UNITED COMPLIANCE SERVICES, LC



Principal Place of Business

2302 16TH AVE. WEST
BRADENTON FL 34205

Mailing Address

2302 16TH AVE. WEST
BRADENTON FL 34205

2. Principal Place of Business

615 LEFFINGWELL AVE.

3. Mailing Address

615 LEFFINGWELL AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ELLENTON, FL

City & State

ELLENTON, FL

4. FEI Number

65-1052763

Applied For

Not Applicable

Zip 34222

Country USA

Zip 34222

Country USA

5. Certificate of Status Desired ☐

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

ANDREWS, ELIZABETH S
2302 16TH AVE W
BRADENTON FL 34205

7. Name and Address of New Registered Agent

Name

Elizabeth S. Andrews

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

615 LEFFINGWELL AVE.

City

ELLENTON

FL

Zip Code 34222

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME ANDREWS, ELIZABETH S
STREET ADDRESS 2302 16TH AVE W
CITY-ST-ZIP BRADENTON FL 34205 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE MGR
NAME Elizabeth S. Andrews
STREET ADDRESS 615 Leffingwell Ave.
CITY-ST-ZIP Elenton, FL 34222 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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: Elizabeth S. Andrews

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

Date

Daytime Phone #