FILED
Apr 23, 2004 8:00 am
Secretary of State

04-12-2004 90028 037 ****50.00

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L00000011079

1. Entity Name
CONNELLY SOLUTIONS, LLC

34004056

01052004 Chg-LLC CR2E083 (10/03)

Principal Place of Business	Mailing Address
630 CHESTNUT STREET CLEARWATER, FL 33756	P.O. BOX 2456 CLEARWATER, FL 33757-2456

2. Principal Place of Business		3. Mailing Address	
624 Chestnut Street		P.O. Box 1027	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State: Clearwater FL	
Zip	Country	Zip: 33757-1027	Country: U.S.A.

4. FEI Number: 59-3684248 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CONNELLY, JOHN P 630 CHESTNUT STREET CLEARWATER, FL 33756	Name: Street Address (P.O. Box Number is Not Acceptable): 624 Chestnut Street 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 ______________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (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 NAME STREET ADDRESS CITY-ST-ZIP	M CONNELLY, JOHN P 630 CHESTNUT STREET CLEARWATER, FL 33756	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO 624 Chestnut Street	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M CONNELLY, KEVIN J 630 CHESTNUT STREET CLEARWATER, FL 33756	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	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: [signature] 4-8-04 727-447-1121
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #