2004 LIMITED LIABILITY COMPANY **ANNUAL REPORT (AR)**

FILED Mar 03, 2004 08:00 AM Secretary of State DOCUMENT # L00000011316 1. Entity Name APPLIED MANAGEMENT SERVICES L.L.C. Principal Place of Business Mailing Address 3440 OAKMONT DRIVE 3440 OAKMONT DRIVE SUITE #10 PENSACOLA FL 32503 PENSACOLA FL 32503 2. Principal Place of Business 3. Mailing Address Suite, Apt #, etc. Suite, Apt #, etc. MOORE CR2E083 (11/03) City & State 4. FEI Number Applied For City & State 59-3674901 Not Applicable Country Zip 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 Name TENOSO, HAROLD J Street Address (P.O. Box Number is Not Acceptable) 3440 OAKMONT DRIVE PENSACOLA FL 32503 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, typed or printed name of registered agent and title # applicable. (NOTE Pagestered Agent aignature 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 10. ADDITIONS/CHANGES TITLE ☐ Delete TITLE Change Addition NAME TENOSO, HAROLD NAME STREET ADDRESS STREET ADDRESS 3440 OAKMONT DRIVE U00000075765 CITY-ST-ZIP CRY-ST-ZIP PENSACOLA FL 32503 '03/04-80074-006 55.00 Change ☐ Addition TITLE Deiete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CHTY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete THIF ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE THE NAME MARAF STREET ADDRESS STREET ADDRESS

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.

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