

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # L00000013493

1. Entity Name
AUTOMATIC PAYROLL SERVICE, LLC



Principal Place of Business
**307 E. NEW HAVEN AVENUE
MELBOURNE, FL 32901**

Mailing Address
**307 E. NEW HAVEN AVENUE
MELBOURNE, FL 32901**



04302004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3679559

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**HOPKINS, JOHN R
307 E. NEW HAVEN AVENUE
MELBOURNE, FL 32901**

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$50.00
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BRADY, DENNIS S 307 E. NEW HAVEN AVENUE MELBOURNE, FL 32901
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM COLLINS, MARSHA 307 E. NEW HAVEN AVENUE MELBOURNE, FL 32901
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BERMAN, HOPKINS, WRIGHT & LAHAM LLP 307 E. NEW HAVEN AVENUE MELBOURNE, FL 32901
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05/03/04-80200-023 50.00

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IN THIS SPACE**

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 PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Marsha A. Collins **Marsha A Collins** 5/30/04 321-253-1830