


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jun 28, 2004 8:00 am
Secretary of State

06-15-2004 90168 005 ****50.00

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|---|---|---------------------|--|--|--|
| DOCUMENT # L01000009009 1. Entity Name ENVIRONMENTAL EQUIPMENT MANUFACTURING CONSOLIDATED, L.L.C. | | | |  | |
| Principal Place of Business 3120 DOWN'S COVE ROAD WINDERMERE FL 34786 | | | Mailing Address 3120 DOWN'S COVE ROAD WINDERMERE FL 34786 | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | 4. FEI Number 75-3030759 | |
| Zip | | Zip | | 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| MOORE, MICHAEL L 640 NORTH HILLSIDE AVENUE ORLANDO FL 32803 | | | Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div> | | |
| 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 _____ (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 | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR STUDLEY, MICHAEL P 3120 DOWN'S COVE RD WINDERMERE FL 34786 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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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 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: Michael P Studley | | | Date: 6/24/04 Daytime Phone #: 407 448 2398 | | |