

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 16, 2004 8:00 am
Secretary of State

03-16-2004 90173 024 ****50.00

DOCUMENT # L01000012516

1. Entity Name
MOBILITY PRODUCTS UNLIMITED, LLC



Principal Place of Business
**1757 N. NOVA RD., STE. 104
HOLLY HILL, FL 32117**

Mailing Address
**1757 N. NOVA RD., STE. 104
HOLLY HILL, FL 32117**

24023471

2. Principal Place of Business
245 Riverside Drive

3. Mailing Address
PO Box 9850



Suite, Apt. #, etc.

Suite, Apt. #, etc.

03092004 Chg-LLC CR2E083 (10/03)

City & State
Holly Hill, FL

City & State
Daytona Beach, FL

4. FEI Number
59-3391559

Applied For
Not Applicable

Zip
32117

Country
USA

Zip
32120

Country
USA

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

6. Name and Address of Current Registered Agent

**PALMETTO CHARTER SERVICES, INC.
150 MAGNOLIA AVE.
DAYTONA BEACH, FL 32115-2491**

7. Name and Address of New Registered Agent

Name

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

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

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**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete
NAME **DYLEWSKI, BRYAN**
STREET ADDRESS **1757 N. NOVA RD., STE. 104**
CITY-ST-ZIP **HOLLY HILL, FL 32117**

TITLE **MGR** ☐ Delete
NAME **WARD, JOHN**
STREET ADDRESS **1757 N. NOVA ROAD, SUITE 104**
CITY-ST-ZIP **DAYTONA BEACH, FL 32117**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **245 Riverside Drive**
CITY-ST-ZIP **Holly Hill, FL 32117**

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CITY-ST-ZIP

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

3/10/04

386-255-2384