## 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

## Jul 08, 2004 8:00 am Secretary of State

1. Entity Nam	RE CONSULTING AND APP e of Business W CORT.	07-08-2004 90010 050 ****50.00								
JAON Suite, Apt. Suity City& State	#, etc. & 105-C	3. Mailing Address I Flot Carack Suite, Apt. #, etc. Ste 105-C Qiy & State	DriveN	07012004 4. FEI Number	Chg-LLC	CR2E083 (10/03)	plied For			
1213	County Agell.  6. Name and Address of Current F	_32(3!)	Country   Country   Name	91-21443 5. Certificate of		55.00 Add	t Applicable itional			
22 CROSS	GAIL MOSER SBOW CORT AST, FL 32137		Street Address	s (P.O. Box Number i	s 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)										
Fil Due t	ling Fee Is \$50.00 by September 8, 2004	_				e check payable to Department of State	,			
9.	MANAGING MEMBER	RS/MANAGERS	10.	L	ADDITIONS/	CHANGES				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM: PALMER, GAIL M 22 CROSSBOW COURT PALM COAST, FL 32137	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	٠		☐ Change	Addition			
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STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP							
STREET ADDRESS CITY-ST-ZIP 11. I hereby indicated	certify that the information supplied with d on this report is true and accurate and ability company or the receiver or trustee	that my signature shall have the	CITY-ST-ZIP ne exemption stated in a same legal effect as is	f made under oath; t	hat I am a manag	I further certify that the inging member or manage	information er of the			

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	11. I hereby indicated limited lia	certify that the d on this report ability compan	information sup t is true and accu y or the receiver	plied with this filing urate and that my or trustee empow	ig does not qual signature shall vered to execute	lify for the exen have the same e this report as	nption stated legal effect required by	l in Section 119.0 as if made under Chapter 608, Flo	7(3)(i), Florida oath; that I am rida Statutes.	Statutes. I furthe a managing m	er certify tha ember or m	t the information anager of the	ation ne
	SIGNAT	TURE:	Cal	myal	rich	Gai	/	almer	- 7/	5/04	38b-	447-9	2002
		SIGNATURE A	ND TYPED OR PRINT	ED NAME OF SIGNING	MANAGING MEMBE				/bate-	/	Daytime P	hore #	
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	PREMIERI 22 CROSSB PALM COAS (386) 447-9	T, FL 3213	7	PRAISAL SV	C; LLC	PEO	PLES FIRS	T COMMUNIT 9022/2632	Y BANK		7/5/2004		, , , , , , , , , , , , , , , , , , ,
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<u> </u>	filing fee f	or LLC doc	ument #L010	00012735	+		A The south	3	AUTI	IORIZED SIGNATU	RE		MP.