

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 29, 2004 8:00 am**  
**Secretary of State**

04-29-2004 90063 013 \*\*\*\*50.00

DOCUMENT # L01000017057

1. Entity Name  
COMMERCIAL VAC SERVICES, LLC



Principal Place of Business  
24860 BURNT PINE DR  
BONITA SPRINGS, FL 34134

Mailing Address  
24860 BURNT PINE DR  
BONITA SPRINGS, FL 34134

44035088



2. Principal Place of Business

3. Mailing Address

5405 Taylor Rd #

5405 Taylor Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 4

Suite 4

City & State  
NAPLES FL

City & State  
NAPLES FL

Zip

Zip

34109

34109

Country

Country

USA

USA

04162004 Chg-LLC CR2E083 (10/03)

4. FEI Number

59-3747354

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GARLICK, THOMAS B  
5551 RIDGEWOOD DR  
SUITE 101  
NAPLES, FL 34108

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

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
DAVIS, PAULA J TRUSTEE  
24860 BURNT PINE DR  
BONITA SPRINGS, FL 34134 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
DAVIS, PAULA J TRUSTEE  
5405 TAYLOR RD SUITE 4  
NAPLES, FL 34109 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
DAVIS, JEFFREY  
17420 Lebanon Rd  
FT MYERS, FL 33912 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
JOHN W. FRASCO  
1648 Telegraph Rd  
Bloomfield Hills, MI 48302 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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 #

4/26/04

239 593 5470