2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000017057

1. Entity Name

COMMERCIAL VAC SERVICES, LLC



FILED Apr 23, 2003 8:00 am Secretary of State 04-23-2003 90230 011 ****50.00

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NAPLES FL 34108 City FL Zip Code City FL Zip C	555	1 RIDGEWO				Street Address (P.O. Box Number is Not Acceptable)							
B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature Synature types of printed name of registered agent agent and stell it applicable. (NOTE Registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. (NOTE Registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. (NOTE Registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. (NOTE Registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. (NOTE Registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. (NOTE Registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. (NOTE Registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. (NOTE Registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. (NOTE Registered agent, or both, in the State of Florida. I am familiar with, and accept the products of the produ			108		.	City					Zin Coo		
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File NOW!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES TITLE MGRM DAVIS, PAULA J TRUSTEE 24860 BURNT PINE DR BONITA SPRINGS FL 34134 Delete Due By May 1, 2006 STREET ADDRESS CITY-ST-2P	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.												
9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRES	SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE												
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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 reserver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME

4-17-03 Date

239-498-4560