

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000019230

FILED
Jan 13, 2004
Secretary of State

Entity Name: SERVICE NET SOLUTIONS OF FLORIDA LLC

Current Principal Place of Business:

650 MISSOURI AVENUE
JEFFERSONVILLE, IN 47130

New Principal Place of Business:

Current Mailing Address:

650 MISSOURI AVENUE
JEFFERSONVILLE, IN 47130

New Mailing Address:

FEI Number: 30-0745238

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MEENAN, TIMOTHY J
BLANK, MEENAN & SMITH, P.A.
204 SOUTH MONROE STREET
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: ROBBINS, LANSDON B
Address: 12018 HUNTING CREST DR
City-St-Zip: PROSPECT, KY 40059

Title: MGR () Delete
Name: CALLAHAN, KEVIN M
Address: 9904 GLEN VISTA DR
City-St-Zip: PROSPECT, KY 40059

Title: MGR () Delete
Name: SCHWERTLEY, E. WAYNE
Address: 2222 VALLEY VISTA RD
City-St-Zip: LOUISVILLE, KY 40205

Title: MGRM () Delete
Name: SERVICE NET SOLUTION, S , LLC
Address: 650 MISSOURI AVE
City-St-Zip: JEFFERSONVILLE, IN 47130

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: KEVIN M CALLAHAN

MGR

01/13/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date