FILED
Aug 12, 2004 8:00 am
Secretary of State
07-29-2004 90144 026 ****50.00

34009866

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000002077

1. Entity Name
CYRAG, LLC

Principal Place of Business
6630 SOUTHPOINT PARKWAY
JACKSONVILLE, FL 32216

Mailing Address
6630 SOUTHPOINT PARKWAY
JACKSONVILLE, FL 32216

2. Principal Place of Business
6600 CORPORATE CENTER PKWY
Suite, Apt. #, etc.
City & State
JACKSONVILLE, FL
Zip 32216 Country

3. Mailing Address
6600 CORPORATE CENTER PKWY
Suite, Apt. #, etc.
City & State
JACKSONVILLE, FL
Zip 32216 Country

07222004 Chg-LLC CR2E083 (10/03)

4. FEI Number 65-1185623 ~~APPLIED FOR~~ Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent
F & L CORP.
ONE INDEPENDENT DRIVE
SUITE 1300
JACKSONVILLE, FL 32202

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 September 8, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	MGRM ☐ Delete	TITLE	☒ Change ☐ Addition
NAME	LAFLEUR, JAMES	NAME	
STREET ADDRESS	6630 SOUTHPOINT PARKWAY	STREET ADDRESS	6600 CORPORATE CENTER PKWY.
CITY-ST-ZIP	JACKSONVILLE, FL 32216	CITY-ST-ZIP	JACKSONVILLE, FL 32216
TITLE	MGRM ☐ Delete	TITLE	☒ Change ☐ Addition
NAME	MCCLUNG, ROGER	NAME	
STREET ADDRESS	6630 SOUTHPOINT PARKWAY	STREET ADDRESS	SAME AS ABOVE
CITY-ST-ZIP	JACKSONVILLE, FL 32216	CITY-ST-ZIP	
TITLE	MGRM ☐ Delete	TITLE	☒ Change ☐ Addition
NAME	PRUSIECKI, DREW	NAME	
STREET ADDRESS	6630 SOUTHPOINT PARKWAY	STREET ADDRESS	SAME AS ABOVE
CITY-ST-ZIP	JACKSONVILLE, FL 32216	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: _____ 904-281-9800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #