

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 20, 2005 8:00 am**  
**Secretary of State**

01-20-2005 90008 013 \*\*\*\*50.00

**DOCUMENT # L02000007104**

1. Entity Name  
NATURE TECH SERVICES, L.L.C.



Principal Place of Business  
4800 126TH AVENUE NORTH  
CLEARWATER, FL 33762

Mailing Address  
4800 126TH AVENUE NORTH  
CLEARWATER, FL 33762

**DO NOT WRITE IN THIS SPACE**



01072005No Chg-LLC

CR2E083 (10/03)

4. FEI Number  
03-0417310

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

HUESTON, ANTHONY III  
4800 126TH AVENUE NORTH  
CLEARWATER, FL 33762

**DO NOT WRITE  
IN THIS SPACE**

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, 2005**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGR
NAME	HUESTON, ANTHONY III
STREET ADDRESS	PO BOX 20455
CITY-ST-ZIP	BRADENTON, FL 34204
TITLE	MGR
NAME	BYERS, KEN MGR
STREET ADDRESS	4800 126TH AVENUE NORTH
CITY-ST-ZIP	CLEARWATER, FL 33762
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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 Linda Harpole / Linda Harpole

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

1-12-05

800-659-2824

Date

Daytime Phone # xt 8002