

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 04, 2005 8:00 am
Secretary of State

03-04-2005 90016 019 ****50.00

DOCUMENT # L02000009137	
1. Entity Name TOWN AND COUNTRY SERVICES, LLC	

20018182



Principal Place of Business 3785 ALT. 19 N. PALM HARBOR, FL 34683	Mailing Address 3785 ALT. 19 N. PALM HARBOR, FL 34683
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2. Principal Place of Business 4757 Simcoe St	3. Mailing Address 4757 Simcoe St.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

03012005 Chg-LLC CR2E083 (10/03)

City & State Palm Harbor FL	City & State Palm Harbor FL
Zip 34683	Zip 34683
Country	Country

4. FEI Number 04-3640389	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent CLEMENTS, AMY K 3785 ALT. 19 N. PALM HARBOR, FL 34683	7. Name and Address of New Registered Agent Name Betts, Amy K Street Address (P.O. Box Number is Not Acceptable) 4757 Simcoe St. City Palm Harbor FL Zip Code 34683
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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 **Amy K Betts, Amy K BETTS MGR 3-01-05**
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**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CLEMENTS, AMY K 218 5TH AVE SALT LAKE CITY, UT 84103 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Betts, Amy K.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KELLER, KRIS D 4757 SIMCOE ST. PALM HARBOR, FL 34683 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: **Amy K Betts, Amy K BETTS MGR 3-01-05 901 918 8587**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #