


**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 05, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # L02000010373**

1. Entity Name  
**FACILITIES SOLUTIONS, LLC**



Principal Place of Business  
 5772 TIMUQUANA ROAD  
 JACKSONVILLE, FL 32210

Mailing Address  
 5772 TIMUQUANA ROAD  
 JACKSONVILLE, FL 32210

**DO NOT WRITE IN THIS SPACE**



03262004 No Chg-LLC CR2E083 (10/03)

4. FEI Number 02-0592451	Applied For Not Applicable
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5. Certificate of Status Desired  \$5.00 Additional Fee Required

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

KENYON, MATTHEW E  
 5772 TIMUQUANA ROAD  
 JACKSONVILLE, FL 32210

**DO NOT WRITE IN THIS SPACE**

B. 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00  
 Due by May 1, 2004**

U00000103938  
 04/05/04-80076-019 50.00

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM KENYON, MATTHEW E SR 5772 TIMUQUANA ROAD JACKSONVILLE, FL 32210
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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 receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:** Matthew E. Kenyon  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_