## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Apr 12, 2005 8:00 am Secretary of State

DOCUMENT-# L02000010688  1. Entity Name LANDSTAR ASSOCIATES OF SARASOTA, L.L.C.					04-12-2005 90017 009 ****50.00				
Principal Place of Business 3908-A BRIGGS AVE SARASOTA, FL 34231		Mailing Address 3908-A BRIGGS AVE SARASOTA, FL 34231				€ O T O	ME OUNT INTER 1811	BY: M: IBY	
2. Principal P	lace of Business	3. Mailing Address			-	8			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		-				881 III 1861	
				04042005	Chg-LLC	CR2E0	83 (10/03)	-P	
City & State		City & State		4. FEI Number 01-0686			<del>   </del>	plied For t Applicable	
Zip	Country	Zip	Coun	try	5. Certificate of	of Status Desired		\$5.00 Add Fee Required	
	6. Name and Address of Current R	egistered Agent			. 7. Name and	Address of New R	egistered #	Agent	
NORTON,	SAM D			Name					
1819 MAIN	NST., STE. 610 A.FL-34236			Street Address	(P.O. Box Number	is Not Acceptable	e)		
	, , , , , , , , , , , , , , , , , , , ,							• •	
				City			FL	Zip Code	9
	named entity submits this statement for ions of registered agent.	the purpose of changing its	registere	ed office or regist	ered agent, or both	n, in the State of Flo	orida. I am i	familiar with,	and accept
SIGNATURE	Signature, typed or printed name of registered agent ar	nd title if applicable. (NOTS	E: Registere	d Agent signature requir	ed when reinstating)		DATE		<u>_</u>
Filing Fee is \$50.00 Due by May 1, 2005				Make check payable to Florida Department of State					
Fi D	iling Fee is \$50.00 ue by May 1, 2005							-	e
Fi D	iling Fee is \$50.00 ue by May 1, 2005 MANAGING MEMBER	RS/MANAGERS	10.				a Departm	ent of State	<b>e</b>
D	ue by May 1, 2005	RS/MANAGERS	10. TITU	Ε	:	Florida	a Departm	ent of State	e ☐ Addition
9.  TITLE  NAME	MANAGING MEMBER MGR LISZEWSKI, KENNETH		TITL	1E		Florida	a Departm	ent of State	<u></u>
9. TITLE	MANAGING MEMBER		TITLI NAM STRE	I .	:	Florida	a Departm	ent of State	<u></u>
9. TITLE NAME STREET ADDRESS	MANAGING MEMBER MGR LISZEWSKI, KENNETH 7442 TAMIAMI TRAIL		TITLI NAM STRE	ne eet address /-st-zip	:	Florida	a Departm	ent of State	<u></u>
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	MANAGING MEMBER MGR LISZEWSKI, KENNETH 7442 TAMIAMI TRAIL	☐ Detete	TITLI NAM STRE CITY TITLI NAM	AE EET ADDRESS 7-ST-ZIP E		Florida	a Departm	Change	☐ Addition
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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: WINGA BUILD SIGNATURE AND TYPED OR PRINTED NAME OF SKINING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTAT

4/4/05

Daytime Phone #