


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 01, 2004 8:00 am
Secretary of State

02-12-2004 90116 017 ****55.00

DOCUMENT # L02000011960 1. Entity Name PROFESSIONAL CONVEYOR SOUTH, LLC					
Principal Place of Business 2919 S. FLETCHER BLVD. FERNANDINA BEACH FL 32034			Mailing Address PO BOX 15611 FERNANDINA BEACH FL 32034		
2. Principal Place of Business 2886 Landyns Circle Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Fernandina Bch, FL Zip 32034 Country USA		City & State Zip Country		4. FEI Number 02-0602985 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required				MOORE CR2E083 (11/03)	
6. Name and Address of Current Registered Agent WIELAND, TRACY J 2919 S FLETCHER BLVD FERNANDINA BEACH FL 32035			7. Name and Address of New Registered Agent Name Tracy Wieland Street Address (P.O. Box Number is Not Acceptable) 2886 Landyns Circle City Fernandina Bch FL Zip Code 32034		
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 Tracy Wieland Managing Member DATE 2-7-04 <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when registering)</small>					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WIELAND, TRACY J PO BOX 15611 FERNANDINA BEACH FL 32035	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	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: Tracy Wieland 2-24-04 860-250-3370 or <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					

904-261-2574