

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000013865

FILED
Apr 26, 2004
Secretary of State

Entity Name: SERVICE ZONE ENTERPRISES, LLC

Current Principal Place of Business:

C/O JAMES W. GOODWIN, ESQ.
400 NORTH TAMPA STREET, SUITE 2300
TAMPA, FL 33602

New Principal Place of Business:

Current Mailing Address:

C/O JAMES W. GOODWIN, ESQ.
400 NORTH TAMPA STREET, SUITE 2300
TAMPA, FL 33602

New Mailing Address:

FEI Number: 20-0832690

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GOODWIN, JAMES W
400 NORTH TAMPA STREET, SUITE 2300
TAMPA, FL 33602 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: HAYES, TIMOTHY J
Address: 400 N TAMPA STREET, STE 2300
City-St-Zip: TAMPA, FL 33602

Title: MGR () Delete
Name: HAYES, SHARILYN J
Address: 400 N TAMPA STREET, STE 2300
City-St-Zip: TAMPA, FL 33602

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR () Change (X) Addition
Name: CARLSON, CHAD
Address: 400 N. TAMPA STREET, SUITE 2300
City-St-Zip: TAMPA, FL 33602 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: TIMOTHY A. HAYES

MGR

04/26/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date