

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 29, 2004 8:00 am**  
**Secretary of State**

03-29-2004 90558 003 \*\*\*\*50.00

**DOCUMENT # L02000019549**

1. Entity Name  
ITS, L.L.C.



Principal Place of Business  
424 ALBEE ROAD  
NOKOMIS, FL 34275 US

Mailing Address  
424 ALBEE ROAD  
NOKOMIS, FL 34275 US

**24030048**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
NOKOMIS, FL

City & State  
NOKOMIS, FL

Zip  
34275

Country  
US

Zip  
34275

Country  
US

03232004 Chg-LLC CR2E083 (10/03)

4. FEI Number  
55-0789093

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GUENTHER, BEER  
424 ALBEE ROAD  
NOKOMIS, FL 34275

← 205 Sugarloaf Dr.  
NOKOMIS, FL 34275

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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, 2004**

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

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM ☐ Delete  
NAME BEER, GUENTHER  
STREET ADDRESS 424 ALBEE ROAD  
CITY-ST-ZIP NOKOMIS, FL 34275

TITLE MGRM ☐ Change ☐ Addition  
NAME BEER, GUENTHER  
STREET ADDRESS 205 SUGARLOAF DR.  
CITY-ST-ZIP NOKOMIS, FL 34275

TITLE MGRM ☐ Delete  
NAME BEER, ANDREA  
STREET ADDRESS 424 ALBEE ROAD  
CITY-ST-ZIP NOKOMIS, FL 34275

TITLE MGRM ☐ Change ☐ Addition  
NAME BEER, ANDREA  
STREET ADDRESS 205 SUGARLOAF DR  
CITY-ST-ZIP NOKOMIS, FL 34275

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

03-22-04 941-966 9447