


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 05, 2004 8:00 am
Secretary of State

03-05-2004 90227 008 ****50.00

| | |
|--|---|
| DOCUMENT # L02000030033 |  |
| 1. Entity Name LOGISTICAL & FINANCIAL SERVICES, LLC | |

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|--|--|
| Principal Place of Business 130 S. GRANDVIEW STREET MOUNT DORA, FL 32757 | Mailing Address PO BOX 334 MOUNT DORA, FL 32756-0334 |
|--|--|

| | | | |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |



03022004 Chg-LLC CR2E083 (10/03)

| | | |
|---|--|--------------------------------|
| 4. FEI Number NOT APPLICABLE | | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$5.00 Additional Fee Required |

| | | | |
|--|--|--|--|
| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |
| HAMRICK, ALEX H ESQ 345 E. ROBINSON STREET, STE. 600 ORLANDO, FL 32801 | | Name Street Address (P.O. Box Number is Not Acceptable) 1000 Legion Place Ste 1700 City Orlando FL Zip Code 32801 | |

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 _____ (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 NAME STREET ADDRESS CITY-ST-ZIP | MGRM MURDOCK, ROBERT 130 S. GRANDVIEW STREET MOUNT DORA, FL 32757 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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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: Robert Murdock **3/3/04** **352/735-0530**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #