

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 20, 2004 8:00 am
Secretary of State

08-20-2004 90065 017 ****55.00

DOCUMENT # L02000034998

1. Entity Name
REVOORG, LLC



Principal Place of Business
**1615 WALKERTON COURT
WINTER GARDEN, FL 34787 US**

Mailing Address
**1615 WALKERTON COURT
WINTER GARDEN, FL 34787 US**

24080524



07262004 Chg-LLC CR2E083 (10/03)

4. FEI Number
APPLIED FOR 54-2098151 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

**FIELDS, GROVER C JR
1615 WALKERTON COURT
WINTER GARDEN, FL 34787**

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 *Grover C. Fields* DATE **8/1/04**
Signature, typed or printed name of registered agent and title, applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00
Due by September 8, 2004**

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

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGR** ☐ Delete
NAME **FIELDS, GROVER C MGR**
STREET ADDRESS **1615 WALKERTON COURT**
CITY-ST-ZIP **WINTER GARDEN, FL 34787**

TITLE **FOUNDER** ☒ Change ☐ Addition
NAME **FIELDS, Grover C**
STREET ADDRESS **Same**
CITY-ST-ZIP **Same**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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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: *Grover C. Fields*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

8/1/04 **(407) 654-6465**
Date Daytime Phone #

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L02000034998

Entity Name: REVORG, LLC

Attachment 24080524
FILED
Mar 11, 2003
Secretary of State

Current Principal Place of Business:

1615 WALKERTON COURT
WINTER GARDEN, FL 34787

New Principal Place of Business:

1615 WALKERTON COURT
WINTER GARDEN, FL 34787 US

Current Mailing Address:

1615 WALKERTON COURT
WINTER GARDEN, FL 34787

New Mailing Address:

1615 WALKERTON COURT
WINTER GARDEN, FL 34787 US

FEI Number: 54-2098151 FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FIELDS, GROVER C JR
1615 WALKERTON COURT
WINTER GARDEN, FL 34787 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: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: ~~MGR~~ **FOUNDER**
Name: ~~FIELDS, GROVER C MGR~~ ☒ Change (X) Addition
Address: 1615 WALKERTON COURT
City-St-Zip: WINTER GARDEN, FL 34787 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: GROVER C. FIELDS, JR

PRES

03/11/2003

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