2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

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

03-09-2004 90292 008 ****50.00

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MOORE CR2E083 (11/03)

DOCUMENT # L03000007509

1. Entity Name

THIS THAT SERVICE, L.L.C.

Principal Place of Business	Mailing Address
2043 VINSON AVENUE SARASOTA FL 34232	2043 VINSON AVENUE SARASOTA FL 34232

2. Principal Place of Business	3. Mailing Address
2043 Vinson Ave	P.O. Box 684
Suite, Apt. #. etc. N/A	Suite, Apt. #. etc. N/A
City & State Sarasote FL	City & State Nokomis FL
Zip 34232 Country Sarasote	Zip 34274 Country Sarasote

4. FEI Number 90-0061957 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

WAWRO, ~~KRYZSTOF~~ KRZYSZTOF
2043 VINSON AVENUE
SARASOTA FL 34232

7. Name and Address of New Registered Agent

Name WAWRO KRZYSZTOF
Street Address (P.O. Box Number is Not Acceptable) 2043 Vinson Ave
City Sarasote FL Zip Code 34232

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

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	Owner - Principal MGRM Krysztof Wawro 2043 Vinson Ave Sarasote FL 34232 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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: [signature] KRZYSZTOF WAWRO 2/23/04 (941) 468-3593
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #