2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 30, 2004 8:00 am Secretary of State

Daytime Phone #

1. Entity Name SERVICE ZONE INTERNATIONAL, LLC				04-30-20	004 90080 031	****55.00
Principal Place of Business 400 N. TAMPA STREET, STE. 2300 TAMPA, FL 33602	Mailing Address 400 N. TAMPA STREET, STE. 2300 TAMPA, FL 33602					
2. Principal Place of Business 1152 SW Business Pointe Dr 3102 West End		Δυρ ·				
Suite, Apt. #, etc.	Suite, Apt. #, etc.		04082004	Chg-LLC	CR2E083 (10/03	3)
City & State Lake City , FL	City & State Nashville, TN		4. FEI Numb		1—+	Applied For Not Applicable
32035 Country US	^{Zip} 37203	Country US	5. Certificate	of Status Desired	\$5.00 A Fee Requ	
6. Name and Address of Current Re	gistered Agent	Nama	7. Name and	Address of New Reg	jistered Agent	
GOODWIN, JAMES W 400 N. TAMPA STREET, STE. 2300 TAMPA, FL 33602	·		orporation ress (P.O. Box Numb S. Pine Is	System Der is Not Acceptable) Stand Road		
		City P1	antation		FL Zig S	324
8. The above named entity submits this statement for the	ne purpose of changing its reg			oth, in the State of Florid		
the obligations of registered agent. SIGNATURE Signature, typed of printed name of registered agent and	urt Kreisel Ass title if applicable. (NOTE: Re	Secreta	required when reinstating)	4-27-0	DATE	
Filing Fee Is \$50.00 Due by May 1, 2004					check payable to Department of St	
9. MANAGING MEMBERS	/MANAGERS	TITLE	D/P/CEO	ADDITIONS/C	HANGES Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP	Delete	NAME STREET ADDRESS	Dave E. Gar	End Avenue #		, Li Accillon
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete ·	NAME STREET ADDRESS	D/V Paul Stone	End Ave #900	☐ Chang	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	STREET ADDRESS	V Chad Carlso 3102 West F Nashville,	End Avenue #	□ Chang #90	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	STREET ADDRESS	T Craig Jantz 3102 West B Nashville,	Ind Ave #900	Change	e ∑X Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	NAME STREET ADDRESS	S Terrence Le 3102 West B Nashville,	eve Sr. End Ave #900 TN 37203	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete	NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	e ☐ Addition
11. I hereby certify that the information supplied with thi indicated on this report is true and accurate and that limited flability company or the receiver or trustee er	at my signature shall have the	same legal effect a	as if made under oath	n; that I am a managin	urther certify that the g member or mana	information ger of the
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SU	GNING MANAGING MEMBER, MANAGE	R, OR AUTHORIZED RE	PRESENTATIVE	Oate	Daytime Phone	