


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 04, 2004 8:00 am
Secretary of State

02-04-2004 90234 011 *****50.00

DOCUMENT # L03000010935	
1. Entity Name U-SELL-IT, LLC	

Principal Place of Business 4100 S. FERDON BLVD SUITE C2 CRESTVIEW FL 32536	Mailing Address 4100 S. FERDON BLVD SUITE C2 CRESTVIEW FL 32536
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2. Principal Place of Business 4100 S. Ferdon Blvd. Suite B1	3. Mailing Address 4100 S. Ferdon Blvd. Suite B1
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City & State Crestview, FL	City & State Crestview, FL
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Zip 32536	Country US	Zip 32536	Country US
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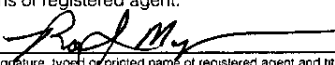
4. FEI Number Not Applicable	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent MYERS, ROGER L 4100 S. FERDON BLVD SUITE C2 CRESTVIEW FL 32536	
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7. Name and Address of New Registered Agent	
Name Roger L. Myers	
Street Address (P.O. Box Number is Not Acceptable) 4100 S. Ferdon Blvd.	
Suite B1	
City Crestview	FL Zip Code 32536

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  **Roger L. Myers** 1/30/04 DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	Manager Roger L. Myers 4100 S. Ferdon Blvd., Suite B1 Crestview, FL 32536 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Managing Member Paul E. Cassady 4100 S. Ferdon Blvd., Suite B1 Crestview, FL 32536 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  **Roger L. Myers** 1/30/04 DATE Daytime Phone #

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