

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000016493

1. Entity Name
SPECIALIST'S IN MACHINERY/CUSTOM ROLLING
CREATIONS M.C./L.L.C.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 JUL 19 AM 9:43

LR
07/19/04

Principal Place of Business
14212 GOSSETT ROAD
JACKSONVILLE, FL 32218

Mailing Address
14212 GOSSETT ROAD
JACKSONVILLE, FL 32218

2. Principal Place of Business
14212 GOSSETT Rd
Suite, Apt. #, etc.

3. Mailing Address
SAME
Suite, Apt. #, etc.

City & State
Jacksonville FL
Zip
32218
Country
DUAL

City & State
SAME
Zip
Country

07192004 Chg-LLC CR2E083 (10/03)

4. FEI Number
37-1465928

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

RICKETTS, JACK F
14212 GOSSETT ROAD
JACKSONVILLE, FL 32218

7. Name and Address of New Registered Agent

Name
N/A
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 Jack F. Ricketts Reg Agent Exhonor Partner 7-19-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MAN PARTNER ☐ Delete
NAME JACK F. RICKETTS
STREET ADDRESS 14212 GOSSETT RD
CITY-ST-ZIP JACKSONVILLE FL 32218

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP N/A

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP N/A

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP N/A

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP N/A

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP N/A

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP N/A

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP N/A

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP 400039350754
07/28/04--01073--003 **100.00

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP N/A

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP N/A

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP N/A

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: Jack F. Ricketts Reg Agent 7-19-04 (904) 608-5014
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #