

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 14, 2004 8:00 am
Secretary of State

04-14-2004 90286 049 ****55.00

DOCUMENT # L03000019690

1. Entity Name

ABOVE ALL CAULKING & WATERPROOFING, LLC



Principal Place of Business
4024 WEST ALVA STREET
TAMPA FL 33614

Mailing Address
4024 WEST ALVA STREET
TAMPA FL 33614

24042811



MOORE CR2E083 (11/03)

2. Principal Place of Business

11813 44th St N
Suite, Apt. #, etc. 6

3. Mailing Address

11813 44th St N
Suite, Apt. #, etc. 6

City & State

Clearwater FL

City & State

Clearwater FL

4. FEI Number

593252477

Applied For

Not Applicable

Zip

33762

Country

Arnellas

Zip

33762

Country

Arnellas

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

GRODOTZ, ARNOLD M
4024 WEST ALVA STREET
TAMPA FL 33614

7. Name and Address of New Registered Agent

Name
Arnold M Grodotz
Street Address (P.O. Box Number is Not Acceptable)
11813 44th St N Suite # 6
City
Clearwater FL Zip Code
33762

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 Arnold M Grodotz

Arnold M Grodotz

3/20/04

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
owner, manager, only 1 member
Arnold M Grodotz
11813 44th St N
Clearwater FL 33762 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME ☐ Change ☐ 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:

Arnold M Grodotz

3/20/04

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

Date

Daytime Phone #