

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90068 025 ****50.00

DOCUMENT # L03000021537

1. Entity Name
D. ANTHONY SERVICES, L.L.C.



Principal Place of Business
**211 S.W. 33RD AVENUE
OCALA, FL 34474**

Mailing Address
**211 S.W. 33RD AVENUE
OCALA, FL 34474**

24057276



2. Principal Place of Business

6006 SW 108th STREET
Suite, Apt. #, etc.

3. Mailing Address

6006 SW 108th STREET
Suite, Apt. #, etc.

04072004 Chg-LLC CR2E083 (10/03)

City & State
OCALA FL

Zip
34476

Country
USA

City & State
OCALA FL

Zip
34476

Country
USA

4. FEI Number
36-4534606

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**LISS, RICHARD
211 S.W. 33RD AVENUE
OCALA, FL 34474**

7. Name and Address of New Registered Agent

Name

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 **RICH LISS**
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-26-04
DATE

**Filing Fee is \$50.00
Due by May 1, 2004**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE **MANAGING MEMBER** ☐ Delete
NAME **DAVID LISS**
STREET ADDRESS **6006 SW 108th STREET**
CITY-ST-ZIP **OCALA, FL 34476**

TITLE **MEMBER** ☐ Delete
NAME **FAITH LISS**
STREET ADDRESS **6006 SW 108th STREET**
CITY-ST-ZIP **OCALA, FL 34476**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 **Dave A. Liss**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4-26-04
Date

(352) 209-1692
Daytime Phone #