2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

5/3

DOCUMENT # L03000023744

1. Entity Name

MALLORY AND MEREDITH, LLC.

Principal Place of Business	Mailing Address
39 FTORKOWSKI ST. SHICKSHINNY PA 18655	39 FTORKOWSKI ST. SHICKSHINNY PA 18655

3400755D

MOORE   CR2E083 (11/03)

2. Principal Place of Business
308 Main Rd
Suite, Apt. #. etc.

3. Mailing Address
308 Main Rd
Suite, Apt. #, etc.

City & State: Shickshinny PA
Zip 18655 Country USA

City & State: Shickshinny PA
Zip 18655 Country USA

4. FEI Number 20-0973068
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

FEICHTHALER, ERIC
4415 METRO PKWY, STE 325
FORT MYERS FL 33916

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 _[signature]_   Mgr.   4/27/04
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

			10. ADDITIONS/CHANGES		
TITLE Manager NAME Stanley Ftorkowski Jr STREET ADDRESS 39 Ftorkowski St CITY-ST-ZIP Shickshinny, PA 18655	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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: _[signature]_   Mgr.   4/27/04   570 256-7309
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #

Correct place of business & mailing address are #2 + #3