

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jun 18, 2004 8:00 am
Secretary of State

06-18-2004 90157 002 ****50.00

DOCUMENT # L03000025652

1. Entity Name

FALL PREVENTION SERVICES, LLC



Principal Place of Business

997 SOUTH PALAFOX ST.
PENSACOLA FL 32502

Mailing Address

997 SOUTH PALAFOX ST.
PENSACOLA FL 32502

14044003



MOORE CR2E083 (11/03)

2. Principal Place of Business

4400 Bayou Blvd.

3. Mailing Address

same as principal

Suite, Apt. #, etc.

303

Suite, Apt. #, etc.

City & State

Pensacola, FL

City & State

4. FEI Number

20-0100620

Applied For

Not Applicable

Zip

32503

Country

US

Zip

Country

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COVER, ALEXANDER L III
997 SOUTH PALAFOX ST.
PENSACOLA FL 32502

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, 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 MGRM ☐ Delete
NAME COVER, ALEXANDER L III
STREET ADDRESS 997 SOUTH PALAFOX ST.
CITY-ST-ZIP PENSACOLA FL 32502

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

TITLE MGRM ☒ Delete
NAME MCCRAY, DANNY L
STREET ADDRESS 997 SOUTH PALAFOX ST.
CITY-ST-ZIP PENSACOLA FL 32502

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

TITLE MGRM ☐ Delete
NAME HOMMEDIEU, MARK L
STREET ADDRESS 877 CLODBERRY BRANCH WAY
CITY-ST-ZIP JACKSONVILLE FL 32259

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

TITLE MGRM ☐ Delete
NAME WARFIELD, STEVEN
STREET ADDRESS 2753 ESTATES LANE
CITY-ST-ZIP JACKSONVILLE FL 32257

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

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

Date

Daytime Phone #

05/12/04 850-474-6990