


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 07, 2005 8:00 am
Secretary of State

02-07-2005 90285 031 ****50.00

DOCUMENT # L03000032249 1. Entity Name OTR SERVICES LLC																																															
Principal Place of Business 2926 CAPITAL PARK DR. TALLAHASSEE FL 32301			Mailing Address 2926 CAPITAL PARK DR. TALLAHASSEE FL 32301																																												
2. Principal Place of Business 2021 Eastgate Way Suite, Apt. #, etc.		3. Mailing Address 2021 Eastgate Way Suite, Apt. #, etc.																																													
City & State Tallahassee, FL		City & State Tallahassee, FL		4. FEI Number 86-1078947																																											
Zip 32308 Country USA		Zip 32308 Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required																																											
6. Name and Address of Current Registered Agent HANWAY, REID 2926 CAPITAL PARK DR. TALLAHASSEE FL 32301				7. Name and Address of New Registered Agent Name Reid Hanway Street Address (P.O. Box Number is Not Acceptable) 2021 Eastgate Way City Tallahassee FL Zip Code 32308																																											
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 <u><i>Reid Hanway</i></u> (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, 2005																																															
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> 9. MANAGING MEMBERS / MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 60%;"> MGR HANWAY, REID 2926 CAPITAL PARK DR. TALLAHASSEE FL 32301 </td> <td style="width: 10%; text-align: center;"> <input type="checkbox"/> Delete </td> </tr> <tr><td colspan="3" style="height: 40px;"></td></tr> <tr><td colspan="3" style="height: 40px;"></td></tr> <tr><td colspan="3" style="height: 40px;"></td></tr> <tr><td colspan="3" style="height: 40px;"></td></tr> <tr><td colspan="3" style="height: 40px;"></td></tr> <tr><td colspan="3" style="height: 40px;"></td></tr> </table> </div> <div style="width: 45%;"> 10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 60%;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> <td style="width: 10%;"></td> </tr> <tr><td colspan="3" style="height: 40px;"></td></tr> <tr><td colspan="3" style="height: 40px;"></td></tr> <tr><td colspan="3" style="height: 40px;"></td></tr> <tr><td colspan="3" style="height: 40px;"></td></tr> <tr><td colspan="3" style="height: 40px;"></td></tr> <tr><td colspan="3" style="height: 40px;"></td></tr> </table> </div> </div>						TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HANWAY, REID 2926 CAPITAL PARK DR. TALLAHASSEE FL 32301	<input type="checkbox"/> Delete																			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition																			
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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: <u><i>Reid Hanway</i></u> 1-29-05 528-3540 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>																																															