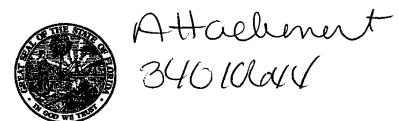
DOCUMENT # L03000032621

FILED Oct 01, 2004 8:00 am Secretary of State

| 1. Entity Name TEAM DR | AIN SYSTEM, LLC | | | 04-16-2004 90412 011 ******50.00 |
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| Α | man Charles Carlo | * 5 % | | |
| | e of Business | Mailing Address | | A STATE OF THE STA |
| 6930 ANGUS VALEY DRIVE WESLEY CHAPEL, FL 33544 US | | 6930 ANGUS VALEY DRIVE WESLEY CHAPEL, FL 33544 US | | 34010644 |
| 5 Deignainal Di | Inna of Businessa v. 1. 21 | 3. Mailing Address | | |
| 2. Principal Place of Business | | E. St. Mainig Audiess | | I HOUTHER OF MEION INTO ORIN DAIN CONT. ECTION 1950 1975 1975 1970 (NEEP) IN 1887 |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 03152004 Chg-LLC CR2E083 (10/03) |
| City & State | | City & State | | 4. FEI Number Applied For Not Applicable |
| Zip | Country | Zip | Country | 5. Certificate of Status Desired \$5.00 Additional Fee Regulred |
| | 6. Name and Address of Current | Registered Agent | | 7. Name and Address of New Registered Agent |
| MELLS D | RYANT | . * <u>_</u> | Name | |
| 6930 ANG | US VALEY DRIVE CHAPEL, FL 33544 | Street Address | | Address (P.O. Box Numbor is Not Acceptable) |
| | | | City | FL Zip Code |
| 8. The above | named entity submits this statement to | or the purpose of changing its | registered office or | r registered agent, or both, in the State of Florida. I am familiar with, and accept |
| the obligation of the street o | ions of registered agent. | | | |
| SIGNATURE | Signature, typed or printed name of registered agen | t and total if applicable | : Registered Agent signet | dure required when reinstating) DATE |
| | iling Fee is \$50.00 ue by May 1; 2004 | March of The | કુલેને જ જોઈ પ્રતિકૃષ્ટિ | Make check payable to Florida Department of State |
| | DUBLIE SEE MANAGING MEMB | ERS/MANAGERS | 10 | ADDITIONS/CHANGES |
| TITLE . | MGMR WELLS, BRYANT | ☐ Delete | TITLE NAME | Change Addition |
| STREET ADDRESS CITY-ST-ZIP | 6930 ANGUS VALEY DRIVE WESLEY CHAPEL, FL 33544 | | STREET ADDRESS CITY-ST-ZIP | |
| TITLE | | ☐ Delete | ти | ☐ Change ☐ Addition |
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| STREET ADDRESS CITY-ST-ZIP | İ | | STREET ADORESS CITY-ST-ZIP | |
| | Cortify that the information supplied wi | th this filing does not qualify to | | ated in Section 119.07(3)(i), Florida Statutes. I further certify that the information |
| indicated | dentify that the information supplied will don this report is true and accurate an ability company of the receiver or trust | id that my signature shall have | the same legal effe | ect as if made under oath; that I am a managing member or manager of the |
| urinted ha | aumy company in interested of flust | n/ | TOPOL GO ISQUIRGO | |
| SIGNATURE: 1 1813-323-3562 | | | | |





FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State

April 22, 2004

TEAM DRAIN SYSTEM, LLC 6930 ANGUS VALEY DRIVE WESLEY CHAPEL, FL 33544 US

Subject: TEAM DRAIN SYSTEM, LLC

-Reference-Number:

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/RJ ANNUAL REPORTS SECTION