2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

Feb 11, 2005 08:00 AM Secretary of State DOCUMENT # L03000035703 1. Entity Name SEDRICK, L.L.C. Principal Place of Business Mailing Address 309 PALMETTO ROAD 309 PALMETTO ROAD BELLEAIR FL 33756 BELLEAIR FL 33756 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/04) City & State City & State 4. FEI Number Applied For 20-0303831 Not Applicat Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SEDLACEK, LEROY V Street Address (P.O. Box Number is Not Acceptable) 309 PALMETTO ROAD BELLEAIR FL 33756 City 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, 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, 2005 MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES MGRM ☐ Delete MIF Change Asima NAME SEDLACEK, LEROY V NAME 000000225695 02/11/05-80049-016 50.00 CIREET ADDRESS 309 PALMETTO RD STREET ADDRESS CHY-St-ZIP **BELLEAIRE FL 33756** CITY-ST-ZIP HIII f **MGRM** ☐ Change ☐ Delete HILE Aradio NAME SEDLACEK, RICK NAME STREET ADDRESS 110 CRESTWOOD DR STREET ADDRESS CITY-ST-ZIP SAFETY HARBOR FL 34695 CITY-ST ZIP THLE Delete HILE Change Adding MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CitY+SI-7IP TITLE Delete HILL ☐ Change [] A * * ** NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST-ZIP TITLE ☐ Delete THE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HILF ☐ Delefe TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CUY-51-70P

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

SIGNATURE:

FILED

727-585-6983 Daysimo Phone #