


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 01, 2005 8:00 am
Secretary of State

04-01-2005 90155 006 ****50.00

DOCUMENT # L03000036657					
1. Entity Name SUNBELT SERVICES, LLC					
Principal Place of Business 14185 BEACH BLVD. JACKSONVILLE, FL 32250			Mailing Address 1164 LINKSIDE DRIVE ATLANTIC BEACH, FL 32233		
2. Principal Place of Business 8917 Western Way Suite, Apt. #, etc. SA		3. Mailing Address 5484 Carmody Lake Dr Suite, Apt. #, etc.			
City & State JACKSONVILLE, FL Zip 32256 Country USA		City & State Port Orange, FL Zip 32128 Country USA		4. FEI Number 05-0530847 68-058 3841 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				03012005 Chg-LLC CR2E083 (10/03)	
6. Name and Address of Current Registered Agent VALERIEN, MARK R 1018 FOREST CIRCLE WINTER SPRINGS, FL 32708			7. Name and Address of New Registered Agent Name <u>Valerien, Mark</u> Street Address (P.O. Box Number is Not Acceptable) 5484 Carmody Lake Drive City <u>Port Orange</u> <u>FL</u> Zip Code <u>32128</u>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM <input type="checkbox"/> Delete VALERIEN, MARK R 1018 FOREST CIRCLE WINTER SPRINGS, FL 32708		TITLE NAME STREET ADDRESS CITY-ST-ZIP	mGRM <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Valerien, MARK R 5484 Carmody Lake Drive Port Orange, FL 32128	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u>Mark R Valerien</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			3-28-05 904-821-7615 <small>Date Daytime Phone #</small>		