

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

DOCUMENT # L03000041412

1. Entity Name

TRU-COST SYSTEMS, LLC



FILED

04 FEB -3 PM 1:18

SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJH



MOORE

CR2E083 (11/03)

2/3

Principal Place of Business

555 W. GRANADA BLVD., SUITE F-11
ORMOND BEACH FL 32174

Mailing Address

555 W. GRANADA BLVD., SUITE F-11
ORMOND BEACH FL 32174

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

Applied For

Not Applicable

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

LABBE, MARTIN B
555 W. GRANADA BLVD., SUITE F-11
ORMOND BEACH FL 32174

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

TITLE NAME MGRM LABBE, MARTIN B ☐ Delete
STREET ADDRESS 555 W. GRANADA BLVD., SUITE F-11
CITY-ST-ZIP ORMOND BEACH FL 32174

TITLE NAME MGR SWAIN, DUFF ☐ Delete
STREET ADDRESS 203 N. HEMPSTEAD ROAD
CITY-ST-ZIP WESTERVILLE OH 43081

TITLE NAME MGR COX, TOM ☐ Delete
STREET ADDRESS 14 SYCAMORE CIRCLE
CITY-ST-ZIP ORMOND BEACH FL 32174

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS 500028160025
CITY-ST-ZIP 02/03/04--01067--001 **\$110.00

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

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

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STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
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:

Martin B Labbe

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

Date

Daytime Phone #

1-28-04

386-672-4413