

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000043053

FILED  
Aug 29, 2004  
Secretary of State

**Entity Name:** MOLD ASSESSMENT OF FLORIDA LLC

**Current Principal Place of Business:**

624 14TH STREET WEST  
BRADENTON, FL 34205 US

**New Principal Place of Business:**

**Current Mailing Address:**

624 14TH STREET WEST  
BRADENTON, FL 34205 US

**New Mailing Address:**

118 52ND STREET  
HOLMES BEACH, FL 34217 US

**FEI Number:** 52-2416608

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PAVELSKI, ANTHONY B  
624 14TH STREET WEST  
BRADENTON, FL 34205 US

**Name and Address of New Registered Agent:**

PAVELSKI, ANTHONY B  
118 52ND STREET  
HOLMES BEACH, FL 34217 US

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.

SIGNATURE:

08/29/2004

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGRM ( ) Delete  
Name: PAVELSKI, ANTHONY B  
Address: 624 14TH STREET WEST  
City-St-Zip: BRADENTON, FL 34205 US

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGR ( ) Change (X) Addition  
Name: PAVELSKI, ANTHONY F  
Address: 1912 PIER DRIVE  
City-St-Zip: RUSKIN, FL 33570 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: ANTONY B PAVELSKI

TRE

08/29/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date