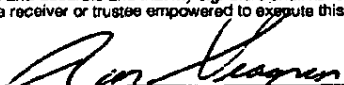


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

6/21

FILED
Jul 02, 2004 8:00 am
Secretary of State

06-21-2004 90139 011 ****50.00

DOCUMENT # L03000043076 1. Entity Name INDOOR AIR QUALITY CONTRACTORS, LLC					
Principal Place of Business 5906 BRECKENRIDGE PARKWAY, SUITE H TAMPA, FL 33610			Mailing Address 5906 BRECKENRIDGE PARKWAY, SUITE H TAMPA, FL 33610		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		34009027 	
City & State		City & State		4. FEI Number 57-1191381	
Zip		Country		5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent F & L CORP. THE GREENLEAF BUILDING 200 LAURA STREET JACKSONVILLE, FL 32202-3510				7. Name and Address of New Registered Agent 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 _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)					
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SEAGREN, RON ☐ Delete 5906 BRECKENRIDGE PARKWAY, SUITE H TAMPA, FL 33610				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GABBARD, CHARLEY ☐ Delete 5906 BRECKENRIDGE PARKWAY, SUITE H TAMPA, FL 33610				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GRAISBURY, MIKE ☐ Delete 5906 BRECKENRIDGE PARKWAY, SUITE H TAMPA, FL 33610				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
10. ADDITIONS/CHANGES					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: 				Date 4-18-04 Daytime Phone # 813-623-6111	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					