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

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01222004 Chg-LLC CR2E083 (10/03)

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.
City & State
Zip
Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip
Country

4. FEI Number 57-1191381
Applied For
Not Applicable

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 reinstating)

Filing Fee is $50.00
Due by May 1, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS

TITLE	MGR	☐ Delete
NAME	SEAGREN, RON	
STREET ADDRESS	5906 BRECKENRIDGE PARKWAY, SUITE H	
CITY-ST-ZIP	TAMPA, FL 33610	
TITLE	MGR	☐ Delete
NAME	GABBARD, CHARLEY	
STREET ADDRESS	5906 BRECKENRIDGE PARKWAY, SUITE H	
CITY-ST-ZIP	TAMPA, FL 33610	
TITLE	MGR	☐ Delete
NAME	GRAISBURY, MIKE	
STREET ADDRESS	5906 BRECKENRIDGE PARKWAY, SUITE H	
CITY-ST-ZIP	TAMPA, FL 33610	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
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TITLE		☐ Change ☐ Addition
NAME		
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: Ron Seagren 4-18-04 813-623-6111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #