

A M E N D E D  
**2004 LIMITED LIABILITY COMPANY  
 AMENDED ANNUAL REPORT**

**DOCUMENT # L03000043080**

1. Entity Name  
**S M PASCO, LLC**



**FILED**  
 04 SEP 21 PM 7:45  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

09082004 Chg-LLC CR2E083 (10/03)

4. FEI Number  
**54-2137842**

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

**F & L CORP.  
 ONE INDEPENDENT DRIVE  
 SUITE 1300  
 JACKSONVILLE, FL 32202**

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

**Amended AR is \$50.00**

**Make check payable to  
 Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

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

TITLE ☐ Change ☐ Addition  
 NAME **400041366734**  
 STREET ADDRESS **09/27/04--01049--001 \*\*50.00**  
 CITY-ST-ZIP

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

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

TITLE MGR ☒ Delete  
 NAME GRAISBURY, MIKE  
 STREET ADDRESS 5906 BRECKENRIDGE PARKWAY, SUITE H  
 CITY-ST-ZIP TAMPA, FL 33610

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

TITLE ☐ Delete  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 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*

**Ron Seagren, Manager 9/13/04 813-623-6111**

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

Date

Daytime Phone #

AMENDED  
 2004  
 AR