

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 28, 2004 8:00 am
Secretary of State

05-03-2004 90142 021 ****50.00

DOCUMENT # L03000043751

1. Entity Name
FLEETLINC, LLC



Principal Place of Business
**925-122 SOUTH SEMORAN BLVD
WINTER PARK FL 32792**

Mailing Address
**925-122 SOUTH SEMORAN BLVD
WINTER PARK FL 32792**

34007741



MOORE CR2E083 (11/03)

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
Fees Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LOHAN, PATRICK
925-122 SOUTH SEMORAN BLVD
WINTER PARK FL 32792**

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 fee 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

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**MGRM
CES WIRELESS TECHNOLOGIES CORP
925-122 SOUTH SEMORAN BLVD
WINTER PARK FL 32792** ☐ Delete

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

TITLE
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CITY- ST- ZIP ☐ Delete

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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:

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

4/28/04 (409) 6797110
Date Daytime Phone #