

FILED
Mar 17, 2004 8:00 am
Secretary of State

34001705

DOCUMENT # L03000043965 1. Entity Name UTILITY SERVICES SPECIALISTS GROUP, LLC																			
Principal Place of Business 1776 RINGLING BLVD. SARASOTA, FL 34236 US		Mailing Address 1776 RINGLING BLVD. SARASOTA, FL 34236 US																	
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 20-0663785		Applied For ☒ Yes ☐ No																	
5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required		6. Name and Address of Current Registered Agent HARRELL, DONALD J ESQ 1776 RINGLING BLVD. SARASOTA, FL 34236																	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		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 withdrawing)		DATE																	
Filing Fee is \$55.00 Due by May 1, 2004		Make check payable to Florida Department of State																	
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"> TITLE Donna Gaipo </td> <td style="width: 50%; text-align: right;"> ☐ Delete </td> </tr> <tr> <td> NAME 9929 Laurel Valley Ave Cir </td> <td></td> </tr> <tr> <td> STREET ADDRESS Bradenton FL 34202 </td> <td></td> </tr> <tr> <td> CITY-ST-ZIP </td> <td></td> </tr> </table>		TITLE Donna Gaipo	☐ Delete	NAME 9929 Laurel Valley Ave Cir		STREET ADDRESS Bradenton FL 34202		CITY-ST-ZIP		10. ADDITIONS/CHANGES <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"> TITLE Donna Gaipo </td> <td style="width: 50%; text-align: right;"> ☐ Change ☐ Addition </td> </tr> <tr> <td> NAME 9929 Laurel Valley Ave Cir </td> <td></td> </tr> <tr> <td> STREET ADDRESS Bradenton FL 34202 </td> <td></td> </tr> <tr> <td> CITY-ST-ZIP </td> <td></td> </tr> </table>		TITLE Donna Gaipo	☐ Change ☐ Addition	NAME 9929 Laurel Valley Ave Cir		STREET ADDRESS Bradenton FL 34202		CITY-ST-ZIP	
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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: Donna Gaipo		2/15/04 941-358-3440																	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE																			