2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

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Apr 28, 2004 8:00 am
Secretary of State
04-28-2004 90069 015 ****55.00

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04182004 Chg-LLC CR2E083 (10/03)

DOCUMENT # L03000043974

1. Entity Name
BARTH PUMP & SPRINKLER LLC

Principal Place of Business	Mailing Address
1605 MAIN STREET 912 SARASOTA, FL 34236	1605 MAIN STREET 912 SARASOTA, FL 34236

2. Principal Place of Business		3. Mailing Address	
3008 BAY STREET		3008 BAY STREET	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: SARASOTA FLORIDA		City & State: SARASOTA FLORIDA	
Zip: 34237	Country: SARASOTA	Zip: 34237	Country: SARASOTA

4. FEI Number: 36 4543149 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

SCOVILL, HAROLD W
1605 MAIN STREET
912
SARASOTA, FL 34236

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 ______________________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BARTH, DENNIS J 3008 BAY STREET SARASOTA, FL 34237	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	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: Dennis J. Barth 4-25-04 941-3652386
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #