

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90069 022 ****50.00

DOCUMENT # L03000046352

1. Entity Name

AE SPORTSMAN REPAIRS, LLC



Principal Place of Business

**2779 WINCHESTER AVE.
ORANGE PARK FL 32065**

Mailing Address

**2779 WINCHESTER AVE.
ORANGE PARK FL 32065**

2. Principal Place of Business

2779 Winchester Ave.

Suite, Apt. #, etc.

3. Mailing Address

2779 Winchester Ave.

Suite, Apt. #, etc.

City & State

Orange FL

Zip

32065

Country

CLAY

City & State

Orange, FL

Zip

32065

Country

CLAY

4. FEI Number

20-0417655

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**FORDHAM, SCOTT B
1241 S. MCDUFF AVE
JACKSONVILLE FL 32205**

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

Alan E. Sportman
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

TITLE **MGRM** ☐ Delete
NAME **SPORTSMAN, ALAN E**
STREET ADDRESS **2779 WINCHESTER AVE**
CITY-ST-ZIP **ORANGE PARK FL 32065**

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10. ADDITIONS/CHANGES

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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:

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

Date

Daytime Phone #

1-23-04 813-0916