

# **2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000046671

**FILED**  
**Jan 07, 2004**  
**Secretary of State**

**Entity Name:** AMUNDSON ALL SURFACE REPAIR & RECOLOR, LLC

**Current Principal Place of Business:**

1287 ILLINOIS DR.  
NAPLES, FL 34103

**New Principal Place of Business:**

1303 LASTRADA LANE  
NAPLES, FL 34103

**Current Mailing Address:**

1287 ILLINOIS DR.  
NAPLES, FL 34103

**New Mailing Address:**

PO BOX 7761  
NAPLES, FL 34101

**FEI Number:** 54-2134106

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

AUSTIN, ARLENE F  
5811 PELICAN BAY BLVD, STE. 201  
NAPLES, FL 34108 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGRM ( ) Delete  
Name: AMUNDSON, MICHAEL D  
Address: P.O. BOX 7761  
City-St-Zip: NAPLES, FL 34101

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: MICHAEL D AMUNDSON

MGRM

01/07/2004

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date