

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT



FILED

04 OCT -1 PM 3:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L03000047168

1. Entity Name
MIKE'S GENERAL MAINTENANCE, LLC



Principal Place of Business
**11278 MONTCALM ROAD
SPRING HILL, FL 34608 US**

Mailing Address
**11278 MONTCALM ROAD
SPRING HILL, FL 34608 US**

2. Principal Place of Business
11278 Montcalm Rd
Suite, Apt. #, etc.

3. Mailing Address
11278 Montcalm Rd
Suite, Apt. #, etc.



09082004 Chg-LLC CR2E083 (10/03)

City & State
Spring Hill, FL 34608
Zip
34608 Country
USA

City & State
Spring Hill, FL
Zip
34608 Country
USA

4. FEI Number
20-0417282

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
**CENSASPRANO, MIKE
13065 PIRATE LANE
SPRING HILL, FL 34608**

7. Name and Address of New Registered Agent
Name
Kimberly Rice Carey
Street Address (P.O. Box Number is Not Acceptable)
11278 Montcalm Rd
City
Spring Hill FL Zip Code
34608

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 **Kimberly Rice Carey** DATE

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

**Filing Fee is \$50.00
Due by September 8, 2004**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CAREY, MICHAEL S 11278 MONTCALM ROAD SPRING HILL, FL 34608 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	300041570763 <input type="checkbox"/> Change <input type="checkbox"/> Addition 10/04/04--01040--005 **50.00
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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: **Michael S. Carey** **9-14-04** **352 684 1970**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #