

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90112 025 ****50.00

**2004 LIMITED LIABILITY COMPANY
 ANNUAL REPORT**

DOCUMENT # L03000048282					
1. Entity Name CHUCK VAUGHN BOBCAT SERVICES LLC					
Principal Place of Business 1325 STONE ST OVIEDO, FL 32765			Mailing Address 1325 STONE ST OVIEDO, FL 32765		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
				Country	
4. FEI Number 55-0853171				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				Additional Fee Required \$5.00	
6. Name and Address of Current Registered Agent VAUGHN, CHARLES 1325 STONE ST OVIEDO, FL 32765				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 _____ DATE _____					
Filing Fee is \$50.00 Due by May 1, 2004					
Make check payable to Florida Department of State					
9. MANAGING MEMBERS/MANAGERS					
TITLE	MGR	☐ Delete			
NAME	VAUGHN, CHARLES				
STREET ADDRESS	1325 STONE ST				
CITY- ST- ZIP	OVIEDO, FL 32765				
TITLE		☐ Delete			
NAME					
STREET ADDRESS					
CITY- ST- ZIP					
TITLE		☐ Delete			
NAME					
STREET ADDRESS					
CITY- ST- ZIP					
TITLE		☐ Delete			
NAME					
STREET ADDRESS					
CITY- ST- ZIP					
TITLE		☐ Delete			
NAME					
STREET ADDRESS					
CITY- ST- ZIP					
TITLE		☐ Delete			
NAME					
STREET ADDRESS					
CITY- ST- ZIP					
10. ADDITIONS/CHANGES					
TITLE		☐ Change ☐ Addition			
NAME					
STREET ADDRESS					
CITY- ST- ZIP					
TITLE		☐ Change ☐ Addition			
NAME					
STREET ADDRESS					
CITY- ST- ZIP					
TITLE		☐ Change ☐ Addition			
NAME					
STREET ADDRESS					
CITY- ST- ZIP					
TITLE		☐ Change ☐ Addition			
NAME					
STREET ADDRESS					
CITY- ST- ZIP					
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: <u>Charles A. Vaughn</u> 4/29/04					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					

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