

**-2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 24, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000049132

1. Entity Name
CUSTOM SYSTEMS, LLC



Principal Place of Business
**51 5TH AVENUE
SHALIMAR, FL 32579**

Mailing Address
**51 5TH AVENUE
SHALIMAR, FL 32579**



01192005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0445201

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**LINDSAY, JOHN T SR.
17 SHERWOOD ROAD
FORT WALTON BEACH, FL 32547**

**DO NOT WRITE
IN THIS SPACE**

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, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM LINDSAY, JOHN T SR. 17 SHERWOOD ROAD FORT WALTON BEACH, FL 32547
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM LINDSAY, CHRISTOPHER A 17 SHERWOOD ROAD FORT WALTON BEACH, FL 32547
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM STONE, MARCUS W 51 5TH AVENUE SHALIMAR, FL 32579
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01/24/05-80150-013 50.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

John T. Lindsay Sr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

19 JAN 05 *800-862-5168*