2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

Apr 05, 2004 8:00 am Secretary of State **DOCUMENT # L03000049262** 04-05-2004 90497 003 ****50.00 CARNLEY MECHANICAL SERVICES, LLC Principal Place of Business Mailing Address 4105 EBENEZER CHURCH ROAD 4105 EBENEZER CHURCH ROAD JAY, FL 32565 JAY, FL 32565 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03232004 Chg-LLC CR2E083 (10/03) Applied For City & State City & State 4. FEI Number Not Applicable Zip Zip Country \$5.00 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CARNLEY, CHARLES E Street Address (P.O. Box Number is Not Acceptable) 4105 EBENEZER CHURCH ROAD JAY, FL 32565 City 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 Fiorida. Lam 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 Make check payable to Filing Fee is \$50.00 Florida Department of State Due by May 1, 2004 MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES Delete ☐ Addition TITLE TITLE ☐ Chance NAME ... CARNLEY, CHARLES E NAME 4105 EBENEZER CHURCH ROAD STREET ADDRESS STREET ADDRESS JAY, FL 32565 CITY-ST-ZIP CITY ST-712 Delete TITLE ☐ Change □ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filling 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 flability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

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