

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Sep 10, 2004 8:00 am**  
**Secretary of State**

09-10-2004 90062 013 \*\*\*\*50.00

**DOCUMENT # L03000049444**

1. Entity Name  
**BISHOP TUB REPAIR, LLC**



Principal Place of Business  
**4779 MYRTLE VIEW DRIVE W.  
MULBERRY, FL 33860**

Mailing Address  
**4779 MYRTLE VIEW DRIVE W.  
MULBERRY, FL 33860**

**24084622**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

08262004 Chg-LLC CR2E083 (10/03)

4. FEI Number

**200463253**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**BISHOP, LEON C JR  
4779 MYRTLE VIEW DRIVE W.  
MULBERRY, FL 33860**

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

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 September 8, 2004**

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

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☐ Delete  
NAME BISHOP, LEON C JR  
STREET ADDRESS 4779 MYRTLE VIEW DRIVE W.  
CITY-ST-ZIP MULBERRY, FL 33860

TITLE MGR ☐ Delete  
NAME BISHOP, HOLLY A  
STREET ADDRESS 4779 MYRTLE VIEW DRIVE W.  
CITY-ST-ZIP MULBERRY, FL 33860

TITLE MGR ☐ Delete  
NAME BISHOP, REBECCA E  
STREET ADDRESS 4779 MYRTLE VIEW DRIVE W.  
CITY-ST-ZIP MULBERRY, FL 33860

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

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:**

*Leon C. Bishop Jr*  
**Leon C. BISHOP JR**

**8-27-04**

Date

Daytime Phone #

**(863)  
581-4621**