

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 17, 2004 8:00 am
Secretary of State

09-17-2004 90084 009 ****50.00

DOCUMENT # L03000050235

1. Entity Name
HYDRO-TECH LAND SERVICES, LLC



Principal Place of Business
**5225 FOX TRACE
WEST PALM BEACH, FL 33417**

Mailing Address
**5225 FOX TRACE
WEST PALM BEACH, FL 33417**

44080622



2. Principal Place of Business
5225 fox trace
Suite, Apt. #, etc.

3. Mailing Address
5225 Fox Trace
Suite, Apt. #, etc.

07062004 Chg-LLC CR2E083 (10/03)

City & State
West Palm Beach, FL
Zip
33417

City & State
West Palm Beach, FL
Zip
33417

4. FEI Number
20-0470361

Applied For
Not Applicable

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

8. Name and Address of Current Registered Agent

**STAIRES, DONALD
5225 FOX TRACE
WEST PALM BEACH, FL 33417**

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]

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
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
STAIRES, PENNI
5225 FOX TRACE
WEST PALM BEACH, FL 33417** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
STAIRES, DONALD
5225 FOX TRACE
WEST PALM BEACH, FL 33417** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
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CITY - ST - ZIP
☐ Delete

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☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
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CITY - ST - ZIP
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NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

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:

[Signature] (Penni L. Staires)

7/23/04

561-
627-7717

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #