## 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

## Apr 21, 2004 8:00 am Secretary of State DOCUMENT # L03000052015 1. Entity Name 04-21-2004 90454 003 \*\*\*\*50.00 JOHN G. SNYDER PAINTING LLC Principal Place of Business Mailing Address 1176 N.W. 144TH DRIVE OKEECHOBEE FL 34972 1176 N.W. 144TH DRIVE OKEECHOBEE FL 34972 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #. etc. MOORE CR2E083 (11/03) Applied For City & State 4. FEI Number City & State 59-2205791 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SNYDER, JOHN G Street Address (P.O. Box Number is Not Acceptable) 1176 N.W. 144TH DRIVE **OKEECHOBEE FL 34972** City Zip Code FL 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, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004 MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES 9. TITLE MGR Delete TITLE Change ☐ Addition SNYDER, JOHN G NAME NAME STREET ADDRESS 1176 N.W. 144TH DRIVE STREET ADDRESS CITY-ST-ZIP\*\* OKEECHOBEE FL 34972 CITY-ST-7/P TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Addition Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Delete TIDE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Defete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CETY-ST-7IP CITY-ST-ZIP 11. Thereby 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.

FILED

863-763-6254

Daytime Phone #