

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 09, 2005 8:00 am
Secretary of State

02-09-2005 90156 006 ****50.00

DOCUMENT # L03000052048

1. Entity Name

NEWBERRY'S MAINTENANCE, L.L.C.



Principal Place of Business

229 DOMINICA CIRCLE
NICEVILLE FL 32578

Mailing Address

229 DOMINICA CIRCLE
NICEVILLE FL 32578

20008040



1st MOORE

CR2E083 (10/04)

2. Principal Place of Business

1487 cedar st.

3. Mailing Address

1487 cedar st.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Niceville FL.

City & State

Niceville FL.

4. FEI Number

32-1470226

Applied For

Not Applicable

Zip

32578

Country

OKALOOSA

Zip

32578

Country

OKALOOSA

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NEWBERRY, STEVEN A
229 DOMINICA CIRCLE
NICEVILLE FL 32578

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
NEWBERRY, STEVEN A
229 DOMINICA CIRCLE
NICEVILLE FL 32578 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

TITLE
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: Steven A Newberry Steven A Newberry 2-5-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #