2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

Apr 16, 2004 8:00 am Secretary of State DOCUMENT # L03000052792 1. Entity Name 03-26-2004 901 59 047 ****50 00 GEORGE STRATFORD RESCREENING, LLC Principal Place of Business Mailing Address 3724 EASY STREET PORT CHARLOTTE FL 33952 PO BOX 380611 MURDOCK FL 33938 34003433 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E083 (11/03) City & State City & State 4. FEI Number 8)・0647780 Applied For Not Applicable Zio Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name STRATFORD, GEORGE T'JR Street Address (P.O. Box Number is Not Acceptable) 3724 EASY STREET PORT CHARLOTTE FL 33952 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 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 aignature required when reinstating) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004 លើ នៃសំខាន់ និង MANAGING MEMBERS/MANAGERS 10.11 ADDITIONS/CHANGES TITLE -MGRM TITLE ----☐ Delete ☐ Change ☐ Addition RAIGE STRATFORD, GEORGE T JR NAME STREET ADDRESS PO BOX 380611 STREET ADDRESS CITY-ST-ZIP MURDOCK FL 33938 CITY-ST-ZIP TITLE Delete me ☐ Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Optete TITLE Change ☐ Addition NALAF NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delata TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition MALK NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 ecceiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. 780 T SIGNATURE:

E OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

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