FILED
Apr 08, 2005 08:00 AM
Secretary of State

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000053158

1. Entity Name
FOURNIER EQUIPMENT LLC

Principal Place of Business
2120 W CHURCH ST
ORLANDO, FL 32805 US

Mailing Address
4880 THOMPSON RD
ST CLOUD, FL 34772 US

DO NOT WRITE IN THIS SPACE

01042005No Chg-LLC CR2E083 (10/03)

4. FEI Number
20-0502698
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

FOURNIER, NORMAN W JR
4880 THOMPSON RD
ST CLOUD, FL 34772

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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 changing) DATE

Filing Fee is $50.00
Due by May 1, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	FOURNIER, NORMAN W JR
STREET ADDRESS	4880 THOMPSON RD
CITY-ST-ZIP	ST CLOUD, FL USA
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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TITLE	
NAME	
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CITY-ST-ZIP	

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04/08/05-80063-008 50.00

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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: _____ 4/4/05 (407) 839-3737
SIGNATURE AND TYPED OR PRINTED NAME OF MGRNG MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #