

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 08, 2004 8:00 am
Secretary of State

02-25-2004 90285 014 ****55.00

DOCUMENT # L03000053276

1. Entity Name
RUSSELL PATTENGELL REPAIR SERVICES, LLC



Principal Place of Business
**6013 WOODSIDE DRIVE
JACKSONVILLE FL 32210
US**

Mailing Address
**6013 WOODSIDE DRIVE
JACKSONVILLE FL 32210
US**

34001266



MOORE CR2E083 (11/03)

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEL Number
90-0114855

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
**PATTENGELL, RUSSELL L III
6013 WOODSIDE DRIVE
JACKSONVILLE FL 32210**

7. Name and Address of New Registered Agent
Name **Julie L. Pattengell**
Street Address (P.O. Box Number is Not Acceptable) **6013 Woodside Drive**
City **Jacksonville** FL Zip Code **32210**

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 **Julie L. Pattengell** **Julie L. Pattengell** **2/19/04**
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

| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
|--|---|--|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGR PATTENGELL, RUSSELL L III 6013 WOODSIDE DRIVE JACKSONVILLE FL 32210 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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: **Russell L Pattengell III** **2-19-04** **904-707-1392**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #