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Jun 03, 2004 8:00 am
Secretary of State
03-25-2004 90217 025 ****50.00

3/2

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000053282

1. Entity Name
PUBLIC WORKS SUPPLY, LLC

34008027

Principal Place of Business	Mailing Address
1810 ROYAL FERN LANE ORANGE PARK, FL 32003	1810 ROYAL FERN LANE ORANGE PARK, FL 32003

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

03232004 Chg-LLC CR2E083 (10/03)

4. FEI Number 54-2135546 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

DRISKELL, DEBRA L
1810 ROYAL FERN LANE
ORANGE PARK, FL 32003

7. Name and Address of New Registered Agent

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

Filing Fee is $50.00
Due by May 1, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS:

TITLE	~~Chief Manager~~ Managing Member	☐ Delete
NAME	Debra L Driskell	
STREET ADDRESS	1810 Royal Fern Lane	
CITY-ST-ZIP	Orange Park, FL 32003	
TITLE	~~[illegible]~~ Managing Member	☐ Delete
NAME	Gregory Driskell	
STREET ADDRESS	1810 Royal Fern Lane	
CITY-ST-ZIP	Orange Park, FL 32003	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
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TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
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 receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Debra Driskell 3/23/04 904-215-9725
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #