2004 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
2004 DEC 15 PM 1:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L03000053345

1. Entity Name
BETTS LLC

Principal Place of Business	Mailing Address
5927 WYOMING STREET NEW PORT RICHEY, FL 34652	5927 WYOMING STREET NEW PORT RICHEY, FL 34652

12092004 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business: 2640 Wood Pointe Dr.
Suite, Apt. #, etc.:
City & State: Holiday FL
Zip: 34691 Country: Pasco

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

4. FEI Number: 83-0379641 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MARONIAN, ANDRE
5927 WYOMING STREET
NEW PORT RICHEY, FL 34652

7. Name and Address of New Registered Agent

Name: Ron Mastrodonato
Street Address (P.O. Box Number is Not Acceptable): 2640 Wood Pointe Dr.
City: Holiday FL Zip Code: 34691

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: Ron Mastrodonato 12/13/04
Signature, if typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Amended AR is $50.00

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM MARONIAN, ANDRE 5927 WYOMING STREET NEW PORT RICHEY, FL 34652	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM Mastrodonato, Ron 2640 Wood Pointe Dr. Holiday FL, 34691	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / 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: Andre Maronian 12/13/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #