


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 19, 2004 8:00 am
Secretary of State

07-19-2004 90233 044 ****50.00

DOCUMENT # L03000053655		
1. Entity Name PFP FLEX, LLC		

Principal Place of Business 10 GEORGE TOWN FORT MYERS, FL 33919	Mailing Address 10 GEORGE TOWN FORT MYERS, FL 33919
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14043937



2. Principal Place of Business 10968 S. Cleveland Ave.		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Fort Myers, FL		City & State	
Zip 33907	Country USA	Zip	Country

05192004 Chg-LLC CR2E083 (10/03)

4. FEI Number 20-0493299	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent KYLE, KEVIN A 1520 ROYAL PALM SQUARE BLVD, STE 320 FORT MYERS, FL 33919		7. Name and Address of New Registered Agent Name William T. Keene Street Address (P.O. Box Number is Not Acceptable) 10 George Town City Fort Myers FL Zip Code 33919	
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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 *William T. Keene* DATE 7/14/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by September 8, 2004	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KEENE, WILLIAM T 10 GEORGE TOWN FORT MYERS, FL 33919 <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	MGR TOWNSEND, WILLIAM S SR 10 GEORGE TOWN FORT MYERS, FL 33919 <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: *William T. Keene* 239-939-0524
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date 7/14/04 Daytime Phone #