

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jan 26, 2005 8:00 am
Secretary of State

01-26-2005 90059 012 ****50.00

DOCUMENT # L03000054086

1. Entity Name

NATIONWIDE TOWING, LLC



Principal Place of Business

1715 D COACHMAN PLAZA DR
CLEARWATER FL 33759

Mailing Address

1715 D COACHMAN PLAZA DR
CLEARWATER FL 33759

2. Principal Place of Business

Same as above

3. Mailing Address

Same as above



1st MOORE

CR2E083 (10/04)

Suite, Apt. #, etc.

Same as above

Suite, Apt. #, etc.

Same as above

City & State

Same

City & State

Same

4. FEI Number

42-1567310

Applied For

Not Applicable

Zip

Same

Country

Same

Zip

Same

Country

Same

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

SMITH, GINGER
1715 D COACHMAN PLAZA DR
CLEARWATER FL 33759

7. Name and Address of New Registered Agent

Name

N/A #6 correct

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

N/A

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, 2005**

9. MANAGING MEMBERS / MANAGERS

TITLE MGRM ☐ Delete
NAME SMITH, GINGER
STREET ADDRESS 1715 D COACHMAN PLAZA DR
CITY-ST-ZIP CLEARWATER FL 33759

TITLE MGRM ☒ Delete
NAME SMITH, ROBERT E
STREET ADDRESS 1715 D. COACH MAN PLAZA DR.
CITY-ST-ZIP CLEARWATER FL 33759

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
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

1/20/05 727/446/5911