

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 25, 2004 8:00 am
Secretary of State

05-10-2004 90011 036 ****50.00

DOCUMENT # L03000055226					
1. Entity Name M&R INSTALLATIONS L.L.C.					
Principal Place of Business 4800 BRISTOL HWY QUINCY FL 32351			Mailing Address 4800 BRISTOL HWY QUINCY FL 32351		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 061714825	
				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required					
6. Name and Address of Current Registered Agent PARSONS, MITCH 4800 BRISTOL HWY QUINCY FL 32351				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 <i>Mitch Parsons</i>				DATE <i>Mitch Parsons - President - 4/30/04</i>	
(NOTE: Registered Agent signature required when reinstating)					
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	MGRM	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	PARSONS, MITCH		NAME		
STREET ADDRESS	4800 BRISTOL HWY		STREET ADDRESS		
CITY-ST-ZIP	QUINCY FL 32351		CITY-ST-ZIP		
TITLE	MGRM	☒ Delete	TITLE		☐ Change ☐ Addition
NAME	CALKINS, RICHARD		NAME		
STREET ADDRESS	4800 BRISTOL HWY		STREET ADDRESS		
CITY-ST-ZIP	QUINCY FL 32351		CITY-ST-ZIP		
TITLE	MGRM	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	POLVER, TODD		NAME		
STREET ADDRESS	95 PINE GROVE CHURCH RD.		STREET ADDRESS		
CITY-ST-ZIP	QUINCY FL 32351		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 <i>Mitch Parsons</i>			DATE <i>4/30/04</i> 850-566-1134		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					

34007188



MOORE CR2E083 (11/03)