## 2004 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

## Sep 13, 2004 8:00 am Secretary of State **DOCUMENT # L03000056492** 09-13-2004 90133 011 \*\*\*\*50.00 JAKE MULLENS BUILDING AND ROOFING, LLC Principal Place of Business Mailing Address 24084333 1862 VENETIAN PT 1862 VENETIAN PT CLEARWATER, FL 33755 CLEARWATER, FL 33755 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 09092004 Chg-LLC CR2E083 (10/03) Applied For City & State City & State 4. FEI Number 20 Not Applicable Zio Country Zip Country \$5.00 Additional Fee Required ~7.-Name and Address of New Registered Agent 5. Name and Address of Current Registered Agent MULLENS, JAKE B Street Address (P.O. Box Number is Not Acceptable) 1862 VENETIAN PT CLEARWATER, FL 33755 City Zio 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 register SIGNATURE Signature, typed or print ne of registered agent and title if applicable. (NOTE: Registered Agent eignature required when reinstating) Filing Fee is \$50.00 Due by September 8, 2 Make check payable to B. 2004 Florida Department of State 9. NAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. TITLE **MGRM** Defete TIDE ☐ Change ☐ Addition MULLENS, JAKE B NAME STREET ADDRESS **1862 VENETIAN PT** STREET ADDRESS CLEARWATER, FL 33755 City-St-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Delete TITLE ☐ Chānoe Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS न्द्र पर द्वाराष्ट्र CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

**FILED** 

ation 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 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 yearever or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. 11. I hereby certify that the infor ndicated on this report is tru limited liability company

SIGNATURE: