

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90127 047 ****50.00

DOCUMENT # L03000056926

1. Entity Name
CENTRAL FLORIDA FABRICARE SERVICES, LLC



Principal Place of Business
**1219 WEST REYNOLDS STREET
PLANT CITY, FL 33563**

Mailing Address
**1219 WEST REYNOLDS STREET
PLANT CITY, FL 33563**

2. Principal Place of Business
1304 8th Avenue West

3. Mailing Address
1304 8th Avenue West

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Palmetto, FL

City & State
Palmetto, FL

04292004 Chg-LLC CR2E083 (10/03)

Zip
34221

Country
USA

Zip
34221

Country
USA

4. FEI Number
20-0565576

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**VINING, C. GEOFFREY
129 SOUTH KENTUCKY AVENUE, SUITE 702
LAKELAND, FL 33801**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2004**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
JARRARD, TEENA R
3349 SAINT VINCENT TERRACE
LAKELAND, FL 33813** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

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TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

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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:

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

Teena R. Jarrard

Date

Daytime Phone #

863-647-5840

430-04