2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

DOCUMENT # L03000057525

FILED Mar 22, 2004 8:00 am Secretary of State 03-10-2004 90185 004 ****50.00

1. Entity Name		•	AST	35.10 200 150105 00 1 50.00
RENDER, L	LC			
,				
Original Plans	of Division on	Adultina Address		4
Principal Place of Business		Mailing Address		34001962
7309 QUAIL MEADOW ROAD PLANT CITY FL 33565		7309 QUAIL MEADOW ROAD PLANT CITY FL 33565		1201302
US		US		
<u> </u>	<u></u>			
2. Principal Place of Business		3. Mailing Address		
5.85 Act 4.85		Suite, Apt. #, etc.		A reference of a suite and a suit about the suite suite stiller of leaf
Suite, Apt. #, etc.		Suite, Apr. #, Bic.		MOORE CR2E083 (11/03)
City & State		City & State		4. FEI Number A Applied For
				20-05722/3 Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired S5.00 Additional
' 		<u> </u>		Fee Haquired
	6. Name and Address of Current	Registered Agent	Name	7. Name and Address of New Registered Agent
			IValle	Annahama and the state of the s
NORWOOD, GEORGE M 7309 QUAIL MEADOW ROAD			-Street Address	(P.O. Box Number is Not Acceptable)
PLANT CITY FL 33565			\	
			<u> </u>	
· I			City	FL Zip Code
8. The above o	named entity submits this statement for	or the purpose of changing its re	ogistered office or registe	red agent, or both, in the State of Florida. I am familiar with, and accept
the obligations of registered agent.				
SIGNATURE Thoras Vaival				
Signature, typedror printed name of registered agent and tide Propolable. (NOTE: Registered Agent eignature required when renstating) CATE				
l	0	FILE NO	WI!! FEE IS \$50.00	
		Make Check Payable	to Florida Departme	nt of State
		Due	By May 1, 2004	
9.	MANAGING MEMBE	R\$/MANAGERS	10,	ADDITIONS/CHANGES
TITLE	MGRM	☐ Defete	TITLE	☐ Change ☐ Addition
	NORWOOD, GEORGE M		NAME	
	7309 QUAIL MEADOW ROAD		STREET ADDRESS	
CITY-ST-ZIP	PLANT CITY FL 33565		CITY-ST-ZIP	
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STREET ADDRESS	•	• •	STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
11. I hereby or	ertify that the information supplied wit	h this filing does not qualify for !	he exemption stated in S	ection 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 seport as required by Chapter 608, Florida Statutes.				
SIGNATURE: Norge Monrol 2-19-04 83 982-0191				
SIGNATURE: X POLY 1 (0000)				