3/22/20[illegible]

FILED
Apr 30, 2004 8:00 am
Secretary of State
03-22-2004 90421 015 ****55.00

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000057531

1. Entity Name
SCOTT'S PUMP SERVICE "LIMITED LIABILITY COMPANY"

Principal Place of Business	Mailing Address
2566 NW 100TH ST OCALA, FL 34475 US	2566 NW 100TH ST OCALA, FL 34475 US

02042004 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business: 2566 N.W. 100th St.	3. Mailing Address: 2566 N.W. 100th St.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Ocala Fl.	City & State: Ocala, Fl.
Zip: 34475 County: Marion	Zip: 34475 County: Marion

4. FEI Number: 050576742 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
SCOTT, IKE III
2566 NW 100TH ST
OCALA, FL 34475

7. Name and Address of New Registered Agent
Name: IKE Scott III
Street Address (P.O. Box Number is Not Acceptable): 2566 N.W. 100th Street
City: Ocala FL Zip Code: 34475

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], III Date: 4/5/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager Ike Scott III 2566 N.W. 100th St Ocala Fl. 34475 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Owner Ike Scott III 2566 NW 100th St. Ocala, FL 34475 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	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] IKE SCOTT 3/18-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #