

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Oct 01, 2004 8:00 am
Secretary of State

10-01-2004 90029 020 ****50.00

DOCUMENT # L04000000471

1. Entity Name
ROWELL CONSULTING & CONTRACTING, L.L.C.



Principal Place of Business
**6050 ARCTIC STREET
PENSACOLA, FL 32503**

Mailing Address
**6050 ARCTIC STREET
PENSACOLA, FL 32503**

24086451

2. Principal Place of Business

502 Dartmoor Ln.
Suite, Apt. #, etc.

3. Mailing Address

502 Dartmoor Ln.
Suite, Apt. #, etc.



09242004 Chg-LLC CR2E083 (10/03)

City & State

Pensacola FL

City & State

Pensacola FL

4. FEI Number

20-0511566

Applied For

Not Applicable

Zip

32514

Country

USA

Zip

32514

Country

USA

5. Certificate of Status Desired

☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**FLORES, RAYMOND G
809 BEVERLY PARKWAY
PENSACOLA, FL 32505**

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 September 8, 2004**

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

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
ROWELL, KYLE
6050 ARCTIC STREET
PENSACOLA, FL 32503** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Delete

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NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
Theresa Rowell
6050 Arctic Street
Pensacola, FL 32503** ☒ Change ☐ Addition

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

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

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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: *Theresa Rowell* **Theresa Rowell** 9/27/04 (850) 572-3877
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #