

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 13, 2004 8:00 am
Secretary of State

04-26-2004 90044 018 ****55.00

DOCUMENT # L04000000918					
1. Entity Name ADVANCE BOBCAT AND LANDSCAPING, LLC					
Principal Place of Business 5610 SISSON ROAD TITUSVILLE, FL 32780			Mailing Address 5610 SISSON ROAD TITUSVILLE, FL 32780		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	01282004 Chg-LLC CR2E083 (10/03)	
4. FEI Number XXXXXXXXXXXX				Applied For ☒ Not Applicable	
5. Certificate of Status Desired				☒ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SHRIVER, JOHN W 5610 SISSON ROAD TITUSVILLE, FL 32780			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 <u>John W Shriver</u> Signature of individual or printed name of registered agent and title if applicable			DATE <u>1/28/04</u> (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	OWNER/TREAS John W Shriver 5610 SISSON Rd Titusville, FL 32780		☐ Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		
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 <u>John W Shriver</u> <u>5-9-04</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		