

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 26, 2005 8:00 am
Secretary of State

04-26-2005 90011 002 ****55.00

DOCUMENT # L04000013897

1. Entity Name

CUSTOM COMPUTER REPAIR & NETWORKING, LLC



Principal Place of Business

6203 DELTONA BOULEVARD
SPRING HILL FL 34606
US

Mailing Address

6203 DELTONA BOULEVARD
SPRING HILL FL 34606
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

6203 Deltona Blvd

Suite, Apt. #, etc.

6203 Deltona Blvd

City & State

Spring Hill, FL

City & State

Spring Hill, FL

Zip

34606

Country

USA

Zip

34606

Country

USA

4. FEI Number

20-0764205

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$5.00 Additional
Fee Required

1st MOORE

CR2E083 (10/04)

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

Name

Lance - McElmurry

Street Address (P.O. Box Number is Not Acceptable)

6203 Deltona Blvd

City

Spring Hill

FL

Zip Code

34606

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

L. McElmurry

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-18-05

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS / MANAGERS

TITLE MGRM ☐ Delete
NAME MCELMURRY, LANCE K
STREET ADDRESS 6203 DELTONA BOULEVARD
CITY-ST-ZIP SPRING HILL FL 34606

TITLE MGRM ☐ Delete
NAME MCELMURRY, ROY V III
STREET ADDRESS 6203 DELTONA BOULEVARD
CITY-ST-ZIP SPRING HILL FL 34606

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

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

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

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

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

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:

L. McElmurry

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

4-18-05

Date

352-597-16620

Daytime Phone #