

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000013975

FILED  
Feb 01, 2005  
Secretary of State

Entity Name: STRAIGHT FLUSH SEPTIC SERVICES, LLC

**Current Principal Place of Business:**

1487 FAIRMONT STREET  
CLEARWATER, FL 33755

**New Principal Place of Business:**

**Current Mailing Address:**

1487 FAIRMONT STREET  
CLEARWATER, FL 33755

**New Mailing Address:**

FEI Number: 56-2440536

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

HORN, JERRY H  
1487 FAIRMONT STREET  
CLEARWATER, FL 33755 US

**Name and Address of New Registered Agent:**

HORNE, JERRY H  
1487 FAIRMONT STREET  
CLEARWATER, FL 33755 US

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.

SIGNATURE: JERRY H HORNE

02/01/2005

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGR ( ) Delete  
Name: HORN, JERRY H  
Address: 1487 FAIRMONT STREET  
City-St-Zip: CLEARWATER, FL 33755

Title: MGR ( ) Delete  
Name: LAPIERRE, SHAWN M  
Address: 912 BEVERLY AVENUE  
City-St-Zip: LARGO, FL 33770

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: HORNE, JERRY H  
Address: 1487 FAIRMONT STREET  
City-St-Zip: CLEARWATER, FL 33755

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: JERRY H HORNE

MGR

02/01/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date