

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 02, 2005 8:00 am
Secretary of State

03-02-2005 90015 005 ****50.00

DOCUMENT # L04000017545

1. Entity Name

AUTOMATIC IRRIGATION SYSTEMS LLC



Principal Place of Business

10056 GREEN FOUNTAIN RD
TALLAHASSEE FL 32305

Mailing Address

10056 GREEN FOUNTAIN RD
TALLAHASSEE FL 32305

2. Principal Place of Business

1782 Woodville Hwy

3. Mailing Address

1782 Woodville Hwy



1st MOORE

CR2E083 (10/04)

City & State

CRAWFORDVILLE FL

City & State

CRAWFORDVILLE FL

4. FEI Number

593537395

Applied For

Not Applicable

Zip

32327

Country

WALKULA

Zip

32327

Country

WALKULA

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

LINN, ERNEST A
10056 GREEN FOUNTAIN RD
TALLAHASSEE FL 32305

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 fee - applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

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 LINN, ERNEST A
STREET ADDRESS 10056 GREEN FOUNTAIN RD
CITY-ST-ZIP TALLAHASSEE FL 32305

TITLE MGRM ☐ Delete
NAME LINN, PATRICK L
STREET ADDRESS 10056 GREEN FOUNTAIN RD.
CITY-ST-ZIP TALLAHASSEE FL 32305

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
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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:

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

Date

Daytime Phone #

ERNEST A. LINN