

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Aug 29, 2005 8:00 am**  
**Secretary of State**

08-29-2005 90040 049 \*\*\*\*55.00

**DOCUMENT # L04000033332**

1. Entity Name  
**NORTHERN SERVICES, LLC**



Principal Place of Business  
**3058 AUBURN BLVD.  
PORT CHARLOTTE, FL 33948**

Mailing Address  
**3058 AUBURN BLVD.  
PORT CHARLOTTE, FL 33948**

**20067352**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03292005 Chg-LLC CR2E083 (10/03)

City & State

City & State

4. FEI Number

Applied For

**20-1071794**

Not Applicable

Zip

Country

Zip

Country

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

**MACHADO, DAVID J  
3058 AUBURN BLVD.  
PORT CHARLOTTE, FL 33948**

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 May 1, 2005**

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

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **President** ☐ Delete  
NAME **David J. Machado**  
STREET ADDRESS **3058 Auburn Blvd.**  
CITY-ST-ZIP **Port Charlotte, FL 33948**

TITLE **President** ☐ Change ☐ Addition  
NAME **David J. Machado**  
STREET ADDRESS **3058 Auburn Blvd.**  
CITY-ST-ZIP **Port Charlotte, FL 33948**

TITLE **MGR** ☐ Delete  
NAME **Christopher D. Machado**  
STREET ADDRESS **3058 Auburn Blvd.**  
CITY-ST-ZIP **Port Charlotte, FL 33948**

TITLE **MGR** ☐ Change ☐ Addition  
NAME **Christopher D. Machado**  
STREET ADDRESS **3058 Auburn Blvd.**  
CITY-ST-ZIP **Port Charlotte, FL 33948**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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:**

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

**8-26-05**

Date

**941-815-1929**

Daytime Phone #

Cell #