2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 10, 2005 8:00 am
Secretary of State
01-10-2005 90057 038 ****50.00

DOCUMENT # L04000034086

1. Entity Name
FENTON MANAGEMENT SERVICES, LLC

Principal Place of Business	Mailing Address
1700 SW BELGRAVE TERRACE STUART, FL 34997 US	1700 SW BELGRAVE TERRACE STUART, FL 34997 US

20000882

2. Principal Place of Business	3. Mailing Address
P.O. Box 1786	P.O. Box 1286
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State STUART, FL	City & State STUART, FL
Zip 34995 Country USA	Zip 34995 Country USA

01052005 Chg-LLC CR2E083 (10/03)

4. FEI Number 61-1470454 ☐ 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
FENTON, STEVE 1700 SW BELGRAVE TERRACE STUART, FL 34997	Name STEVE FENTON Street Address (P.O. Box Number is Not Acceptable) 2440 SE Federal Hwy Suite S City Stuart FL Zip Code 34994

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] STEVE FENTON 1/5/05
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 NAME STREET ADDRESS CITY-ST-ZIP	MGRM FENTON, STEVE 1700 SW BELGRAVE TERRACE STUART, FL 34997	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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] STEVE FENTON 1/5/05 772.781.4291
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #