2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

4

FILED
May 19, 2005 8:00 am
Secretary of State

04-22-2005 90048 032 ****50.00

DOCUMENT # L04000038881

1. Entity Name
MR. MILDEW REMOVER, LLC

30006601

Principal Place of Business	Mailing Address
~~804 N. LONGWOOD CIRCLE~~ ~~PANAMA CITY, FL 32405-3819 US~~ 2502 E. BALDWIN RD PANAMA CITY, FL 32404	~~804 N. LONGWOOD CIRCLE~~ ~~PANAMA CITY, FL 32405-3819 US~~ PO BOX 155 LYNN HAVEN, FL 32444
2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

04122005 Chg-LLC CR2E083 (10/03)

4. FEI Number 20-1160808 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

TOOLEY, WILLIAM L JR. MAIL: PO BOX 155
~~804 N. LONGWOOD CIRCLE~~ LYNN HAVEN FL 32444
~~PANAMA CITY, FL 32405-3819~~
PHYSICAL ADDRESS: 2502 E. BALDWIN RD
PANAMA CITY, FL 32404

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 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 TOOLEY, WILLAIM L JR. ~~804 N. LONGWOOD CIRCLE~~ PO BOX 155 ~~PANAMA CITY, FL 324053819~~ LYNN HAVEN FL 32444	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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: William L Tooley 21APR05 (850) 866 1017
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #