2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 08, 2005 8:00 am Secretary of State

1. Entity Name BEST GAS LLC						04-08-2005 9	90281 04	¦6 ****5.	5.00
Principal Place of Business 2970 CABBAGE HAMMOCK ST. AUGUSTINE, FL 32092		Mailing Address 2970 CABBAGE HAMMOCK ST. AUGUSTINE, FL 32092					ţ		
2. Principal P	Place of Business	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04042005	Chg-LLC	CR2E0	83 (10/03))	
City & State		City & State			4. FEI Num!	du 3 606	4		pplied For lot Applicable
Zip	Country			try	Certificate of Status Desired \$5.00 Additional Fee Required			lditional ed	
	6. Name and Address of Current F	Registered Agent			7. Name an	d Address of New R	legistered /	Agent	
TIPTON, RON				- Name					
2970 CAB	BAGE HAMMOCK ISTINE, FL 32092	Street Address		(P.O. Box Num	ber is Not Acceptable	e)			
				City			FL	Zip Co	de
8. The above	named entity submits this statement for	the purpose of changing its	register	ed fiice or regists	ared agent, or b	oth, in the State of Flo		' familiar with	and accept
8. The above named entity submits this statement for the purpose of changing its registered rice or registered agent, or both, in the State of Florida. 1 am familiar with, and accepted obligations of registered agent.									, and accept
SIGNATURE Son Tip Constitute Applicable (NOTE: Registered April signature Venerorisating) 4-5-05 OATE								<u> </u>	
	iling Fee is \$50.00 ue by May 1, 2005	·			Make check payable to Florida Department of State				
.9.	MANAGING MEMBER	RS/MANAGERS	/MANAGERS 10.			ADDITIONS/CHANGES			
TITLE	MGRM	☐ Delete	ΠTL	1				☐ Change	☐ Addition
NAME STREET ADDRESS	TIPTON, RON 2970 CABBAGE HAMMOCK		NAM STRE	E Et aodress					,
CITY-ST-ZIP	ST. AUGUSTINE, FL 32092			-ST-ZIP					
TITLE ;		☐ Delete	TITL					Change	Addition
NAME STREET ADDRESS	, , , , , , , , , , , , , , , , , , ,		NAM exps	E Et address					
CITY-ST-ZIP				-ST-ZIP					
TITLE		☐ Delete	TITL	E				☐ Change	Addition
_STREET.ADDRESS			NAM	E Et address					
CITY-ST-ZIP				-ST-ZIP		-			
TITLE		☐ Delete	TITL	E				☐ Change	Addition
NAME STREET ADDRESS			NAM	E Et adoress					
CITY-ST-ZIP				-ST-ZIP					
TITLE		☐ Delete	TITL	E				Change	Addition
NAME STREET ADDRESS			NAM	i i					
CITY-ST-ZIP				ET ADDRESS -ST-ZIP					
IME		☐ Delete	пти	E				☐ Change	Addition
NAME STREET ADORSON			NAM					•	
STREET ADDRESS CITY-ST-ZIP				ET ADORESS -ST-ZIP					
11. Thereby	certify that the information supplied with	this filing does not qualify for	the exe	mption stated in S	Section 119.07(3)(i), Florida Statutes.	I further cer	tify that the	information
Indicated limited lia	on this report is true and accurate and t ability company or the receiver or trustee	inat my signature shall have empowered to execute this	the same report as	e legal effect as if required by Char	made under oa pter 108, Florida	th; that I am a manag Statutes.	ging membe	er or manag	er of the
	TURE: Ron Tiptor	Xeu	1		-				
		. # 17 a a	4			4-5-03	- -		I