



# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

Apr 27, 2005 8:00 am  
Secretary of State

04-12-2005 90020 022 \*\*\*\*50.00

DOCUMENT # L04000046667			
1. Entity Name SUMMERS' SERVICES II, L.L.C.			
Principal Place of Business: 2047 PINE RIDGE DAIRY ROAD FRUITLAND PARK, FL 34731		Mailing Address 2047 PINE RIDGE DAIRY ROAD FRUITLAND PARK, FL 34731	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. Name and Address of Current Registered Agent SUMMERS, GREGORY A 2047 PINE RIDGE DAIRY ROAD FRUITLAND PARK, FL 34731		5. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
6. 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 _____ (NOTE: Registered Agent signature required when renewing)			
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	MGR SUMMERS, GREGORY A 2047 PINE RIDGE DAIRY ROAD FRUITLAND PARK, FL 34731 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: 		4-4-05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	

30004768



04012005 Chg-LLC CR2E083 (10/03)

4. FEI Number Applied For ☒ Applied For ☐ Not Applicable  
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required