

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

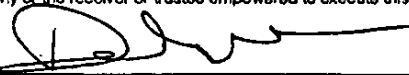
FILED
Mar 11, 2005 8:00 am
Secretary of State

02-02-2005 90155 024 ****50.00

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1st MOORE CR2E083 (10/04)

DOCUMENT # L04000068912					
1. Entity Name ENVIRO GUARD, LLC					
Principal Place of Business 333 FALKENBURG D408 TAMPA FL 33619			Mailing Address 119 PERKINS STILLWATER OK 74075		
2. Principal Place of Business		3. Mailing Address 333 Falkenburg Rd D408			
Suite, Apt. #, etc.		Suite, Apt. #, etc. TAMPA FL 33619			
City & State		City & State		4. FEI Number 20-1649431	
Zip	Country	Zip	Country	5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
33619	USA	33619	USA		
6. Name and Address of Current Registered Agent MILLS, DEBORAH 119 PERKINS STILLWATER FL 74075			7. Name and Address of New Registered Agent Name Mike Mills Street Address (P.O. Box Number is Not Acceptable) 333 Falkenburg Rd D408 City TAMPA FL Zip Code 33619		
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 				DATE 1-24-5	
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005					
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MILLS, MICHAEL 119 PERKINS STILLWATER OK 74075	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MILLS, DEBORAH 119 PERKINS STILLWATER OK 74075	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NGUYEN, DERICK T 119 PERKINS STILLWATER OK 74075	☐ 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: 				DATE 1-24-5 813-992-1492	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date Daytime Phone #	