## 2005 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

## Jan 25, 2005 8:00 am Secretary of State DOCUMENT # L04000075886 01-25-2005 90084 047 \*\*\*\*50 00 1. Entity Name INTERNOS, LLC Principal Place of Business Mailing Address 986 DOUGLAS AVE., SUITE 100 986 DOUGLAS AVE., SUITE 100 ALTAMONTE SPRINGS, FL 32714 ALTAMONTE SPRINGS, FL 32714 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01052005 Chg-LLC CR2E083 (10/03) City & State Applied For City & State 4. FEI Number Not Applicable Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent STARK, CHARLES H Street Address (P.O. Box Number is Not Acceptable) 986 DOUGLAS AVE., SUITE 100 ALTAMONTE SPRINGS, FL 32714 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, typed or printed name of registered agent and little 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 MGRM TITLE TITLE ☐ Delete ☐ Change ☐ Addition STARK, CHARLES H NAME NAME STREET ADDRESS 986 DOUGLAS AVE., SUITE, 100 STREET ADDRESS CITY-ST-ZIP ALTAMONTE SPRINGS, FL 32714 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ■ Addition NAME NAMÉ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filling 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 senature 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**FILED** 

Daytime Phone #