

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 26, 2005 8:00 am
Secretary of State

08-26-2005 90086 016 ****50.00

20067275



DOCUMENT # L04000082159 1. Entity Name AFTCO, LLC																															
Principal Place of Business 5101 GREAT OAKS DRIVE LAKELAND, FL 33815 US		Mailing Address P.O. BOX 1648 LAKELAND, FL 33802 US																													
2. Principal Place of Business 1755 West Olive St Suite, Apt. #, etc. N/A		3. Mailing Address PO Box 906 Suite, Apt. #, etc. N/A																													
City & State Lakeland FL		City & State Lakeland FL																													
Zip 33815	Country Polk	Zip 33802	Country Polk																												
4. FEI Number 20-1870166		Applied For <input type="checkbox"/> Not Applicable																													
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required																													
6. Name and Address of Current Registered Agent AIRTH, HAL A JR 500 SOUTH FLORIDA AVENUE SUITE 800 LAKELAND, FL 33801		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>																													
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 _____ (NOTE: Registered Agent signature required when resigning) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>																															
Filing Fee is \$50.00 Due by September 7, 2005		Make check payable to Florida Department of State																													
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width:70%;"> <input type="checkbox"/> Delete </td> </tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete													10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width:70%;"> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition </td> </tr> <tr> <td>Owner Albert Jarrell 5916 Pier Place Dr., Lakeland FL 33813</td> <td> </td> </tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	Owner Albert Jarrell 5916 Pier Place Dr., Lakeland FL 33813											
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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 8/18/05 Daytime Phone # 863-686-0920																													
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE																															