

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 19, 2007 8:00 am
Secretary of State

02-19-2007 90195 040 ****50.00

DOCUMENT # L06000048828

1. Entity Name
RENTZ, LLC



Principal Place of Business
12826 US HWY 19
HUDSON, FL 34667

Mailing Address
12826 US HWY 19
HUDSON, FL 34667

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02082007 Chg-LLC CR2E083 (12/06)

4. FEI Number

06-1800528

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

LITTLE, THOMAS C ESQUIRE
2123 NE COACHMAN ROAD
A
CLEARWATER, FL 33765

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00
Due by May 1, 2007

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

MGR
MYERSCOUGH, NEIL
12826 US HWY 19
HUDSON, FL 34667

☐ Delete

TITLE
NAME
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CITY - ST - ZIP

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10. ADDITIONS / CHANGES

TITLE
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STREET ADDRESS
CITY - ST - ZIP

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF WORKING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Neil R. Myerscough

2/15/07

Date

727-863-2700

Daytime Phone #