


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90492 001 ***138.75

04-21-2008 90492 002 *****5.00

DOCUMENT # L07000103798					
1. Entity Name BYRD-LOVELL MAINTENANCE, LLC.					
Principal Place of Business 518 LAKE CAROLYN CIRCLE LAKELAND, FL 33813 US			Mailing Address 518 LAKE CAROLYN CIRCLE LAKELAND, FL 33813 US		
2. Principal Place of Business - No P.O. Box # 40 Riverview Dr		3. Mailing Address 40 Riverview Dr			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State ELLINGTON, FL		City & State ELLINGTON FL		4. FEI Number 266-82-1208	
Zip 34222		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent BYRD, FAUSTINA L 518 LAKE CAROLYN CIRCLE LAKELAND, FL 33813			7. Name and Address of New Registered Agent Name: FAUSTINA L Byrd Street Address (P.O. Box Number is Not Acceptable): 40 ELLINGTON Riverview Dr City: ELLINGTON FL Zip Code: 34222		
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: <u>Faustina L Byrd</u> DATE: <u>4/18/2008</u> <small>Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM <input type="checkbox"/> Delete BYRD, FAUSTINA 518 LAKE CAROLYN CIRCLE LAKELAND, FL 33813				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM <input type="checkbox"/> Delete LOVELL, DAVID W 518 LAKE CAROLYN CIRCLE LAKELAND, FL 33813				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
10. ADDITIONS/CHANGES					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 40 Riverview Dr ELLINGTON FL 34222				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 40 Riverview Dr ELLINGTON FL 34222				
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"/> Change <input type="checkbox"/> Addition				
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 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: <u>Faustina L Byrd</u> <u>4/18/08</u> <u>863-670-5778</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					