2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

SIGNATURE:

Feb 18, 2004 8:00 am Secretary of State DOCUMENT # L95000000926 1. Entity Name 02-18-2004 90099 025 ****50.00 SHEARER CONTROLS, FLORIDA L.L.C. Principal Place of Business Mailing Address 486 GARRETT ROAD SCENERY HILL PA 15360 4370 S. TAMIAMI TRAIL SUITE 160 SARASOTA FL 34231 24012476 2. Principal Place of Business 3. Mailing Address 500 Gulf of Mexico Suite, Apt. #, etc Suite, Apt. #, etc. MOORE CR2E083 (11/03) 6 306 City & State Applied For 4. FEI Number 59-3374902 Not Applicable Zip 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 Name MATTESON, LARRY E Street Address (P.O. Box Number is Not Acceptable) 4500 GULF OF MEXICO DRIVE G 306 LONGBOAT KEY FL 34228 Zip Code FL 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 FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES TITLE MGRM ☐ Delete TITLE Change ☐ Addition SHEARER, BRADFORD D NAME NAME **476 GARRETT ROAD** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SCENERY HILL PA 15360 CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP THE F ☐ 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 ☐ 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-7/P CITY-ST-7IP 11. I hereby certify that the information supplied with this filing of so not qualify indicated on this report is true and accurate and that my supplied with the indicated on this report is true and accurate and that my Stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information affect as if made under oath; that I am a managing member or manager of the down the control of t r the exemption limited liability company or the receiver or trustee empo

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