

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 18, 2004 08:00 AM
Secretary of State

DOCUMENT # L96000000044

1. Entity Name
ALL COUNTY APPRAISAL & CONSULTING, L.C.



Principal Place of Business
22286 VICK STREET
CHARLOTTE HARBOR, FL 33980

Mailing Address
22286 VICK STREET
CHARLOTTE HARBOR, FL 33980



02122004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2746377

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

FEHR, JEFFREY
22286 VICK STREET
CHARLOTTE HARBOR, FL 33980

**DO NOT WRITE
IN THIS SPACE**

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, 2004**

U00000055714
02/18/04-80015-014-50.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MEM
FEHR, JEFFREY
22286 VICK STREET
CHARLOTTE HARBOR, FL 33980

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MEM
KENNEDY, STEVEN T
22286 VICK STREET
CHARLOTTE HARBOR, FL 33980

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

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

Date

Daytime Phone #

JEFFREY FEHR

2/13/04

941-629-7726