

FILE NOW: Fee after May 1, will be \$588.75

LIMITED LIABILITY COMPANY
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

97 JAN 30 PM 4:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILING FEE
\$ 203.75
Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee
Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address of Limited Liability Company
DOCUMENT #196000001140

CUSTOM ONE L.C.
5043 CROSS POINTE DRIVE
OLDSMAR FL 34677

1a. Principal Place of Business Address

5043 CROSS POINTE DRIVE
OLDSMAR FL 34677

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.

2. Principal Place of Business

SAME

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

3. Date Organized or Qualified

10/25/1996

3a. State of Formation

FL

4. FEI Number

☐ Applied For

☒ Not Applicable

5. Date of Last Report

6. Certificate of Status Desired

SB 75 Additional Fee Required ☐

7. Name and Address of Current Registered Agent

HALVERSON, GARY G
5043 CROSS POINTE DRIVE
OLDSMAR FL 34677

8. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, etc.

City

Zip Code

FL

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE

DATE

(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	HALVERSON, GARY G	5043 CROSS POINTE DRIVE	OLDSMAR FL
MGRM	COSTLOW, JAMES W	4972 CROSS POINTE DR	OLDSMAR FL
MGRM	EGAN, DIANE N	5043 CROSS POINTE DRIVE	OLDSMAR FL

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****203.75 ****203.75

[Signature]

11. I do 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 annual 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; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE:

Gary Halverson

GARY G. HALVERSON

Date

Daytime Phone #

1/27/97 813-789-5992

*Check **