2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 16, 2004 08:00 AM
Secretary of State

DOCUMENT # L98000001950

1. Entity Name
MEEKS, ROSS, PAULK & ASSOCIATES, CPAS, LLC

Principal Place of Business	Mailing Address
1300 RIVERPLACE BOULEVARD, SUITE 300 JACKSONVILLE, FL 32207	1300 RIVERPLACE BOULEVARD, SUITE 300 JACKSONVILLE, FL 32207

DO NOT WRITE IN THIS SPACE

02052004No Chg-LLC CR2E083 (10/03)

4. FEI Number
59-3533195
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

MEEKS, JACK
1300 RIVERPLACE BOULEVARD, SUITE 300
JACKSONVILLE, FL 32207

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2004

U00000116285
04/16/04-80058-015 50.00

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGR
NAME	MEEKS, JACK
STREET ADDRESS	1300 RIVERPLACE BOULEVARD, SUITE 300
CITY-ST-ZIP	JACKSONVILLE, FL 32207
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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TITLE	
NAME	
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 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: X Jack Meeks, Jack Meeks Pres 4/15/2004 904-346-0046
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #