

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90076 017 ****50.00

DOCUMENT # L99000004620

1. Entity Name
TURNER & LAYMAN, L.L.C.



Principal Place of Business
**7380 MURRELL ROAD, SUITE 103
MELBOURNE, FL 32940**

Mailing Address
**7380 MURRELL ROAD, SUITE 103
MELBOURNE, FL 32940**



2. Principal Place of Business
**7370 CABOT CT
SUITE 101**

3. Mailing Address
**7370 CABOT CT
SUITE 101**

04142004 Chg-LLC CR2E083 (10/03)

City & State
Melbourne, FL

City & State
Melbourne, FL

4. FEI Number
59-3587738

Applied For
Not Applicable

Zip
32940

Country
U.S.A.

Zip
32940

Country
U.S.A.

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LAYMAN, CHRISTOPHER A
7380 MURRELL ROAD, SUITE 103
MELBOURNE, FL 32940**

Name

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

**7370 CABOT COURT
SUITE 101**

City
Melbourne

FL

Zip Code
32940

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.

Christopher A. LAYMAN

(NOTE: Registered Agent signature required when reinstating)

DATE

4-26-04

**Filing Fee is \$50.00
Due by May 1, 2004**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
TURNER, SCOTT A
7380 MURRELL ROAD, SUITE 103
MELBOURNE, FL 32940** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Scott Turner 4/26/04