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Feb 04, 2005 8:00 am
Secretary of State
02-04-2005 90103 027 ****50.00

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L99000006810

1. Entity Name
A PEERLESS COMPANY, LLC

20007722

01182005 Chg-LLC CR2E063 (10/03)

Principal Place of Business	Mailing Address
110 S COURTENAY PARKWAY SUITE 2 MERRITT ISLAND, FL 32952	110 S COURTENAY PARKWAY SUITE 2 MERRITT ISLAND, FL 32952

2. Principal Place of Business	3. Mailing Address
110 S. Courtenay Pkwy	110 S. Courtenay Pkwy
Suite, Apt. #, etc.: Suite 2	Suite, Apt. #, etc.: Suite 2
City & State: Merritt Island, FL	City & State: Merritt Island, FL
Zip: 32952 Country: USA	Zip: 32952 Country: USA

4. FEI Number: 59-3609225 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MOMMERS, PIERRE L
2351 W. EAU GALLIE BLVD., SUITE 1
MELBOURNE, FL 32935

7. Name and Address of New Registered Agent

Name: Douglas Oswald
Street Address (P.O. Box Number is Not Acceptable): 600 Courtland Street Suite 110
City: Orlando FL Zip Code: 32804

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] Douglas Oswald 2/1/05
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, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SAVELL, MICAH G 110 S COURTENAY PARKWAY SUITE 2 MERRITT ISLAND, FL 32952 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	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] MICAH G. SAVELL Member 1/31/05 321-452-5300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #