

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 22, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # L99000009380

1. Entity Name  
GOVSTREETUSA, L.L.C.



Principal Place of Business  
4400 140TH AVENUE NORTH  
CLEARWATER, FL 34622

Mailing Address  
4400 140TH AVENUE NORTH  
CLEARWATER, FL 34622



04192004 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3631286

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

POAD, MARTIN L  
4400 140TH AVENUE NORTH  
CLEARWATER, FL 34622

**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**

U000000125726  
04/23/04 00005 000 50.00

**9. MANAGING MEMBERS/MANAGERS**

TITLE MGRM  
NAME POAD, MARTIN L  
STREET ADDRESS 4400 140TH AVE. N., SUITE 250  
CITY- ST- ZIP CLEARWATER, FL 33762

TITLE MGR  
NAME POAD, DIANE R  
STREET ADDRESS 440 140TH AVE. N., SUITE 250  
CITY- ST- ZIP CLEARWATER, FL 33762

TITLE MGRM  
NAME STRAUB, THOMAS  
STREET ADDRESS 4400 140TH AVE. N., SUITE 250  
CITY- ST- ZIP CLEARWATER, FL 33762

TITLE MGRM  
NAME SCOTT, WILLIAM A  
STREET ADDRESS 4400 149TH AVE. N., SUITE 250  
CITY- ST- ZIP CLEARWATER, FL 33762

TITLE MGR  
NAME HIGGINS, ALAN  
STREET ADDRESS 4400 140TH AVE. N., SUITE 250  
CITY- ST- ZIP CLEARWATER, FL 33762

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 #

*William A. Scott* *William A. Scott* 4/20/04 727-529-8663