


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 08, 2004 08:00 AM
Secretary of State

DOCUMENT # M02000001759	
1. Entity Name FLEET GARD, LLC	

Principal Place of Business PO BOX 17332 CLEARWATER, FL 33760-3721	Mailing Address PO BOX 17332 CLEARWATER, FL 33760-3721
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DO NOT WRITE IN THIS SPACE



09012004No Chg-LLC CR2E083 (10/03)

4. FEI Number 59-3654441	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

WOLFE, BRAD
13575 58TH STREET N
SUITE 161
CLEARWATER, FL 33760

DO NOT WRITE
IN THIS SPACE

7. 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: N/A (NOTE: Registered Agent signature required when reinstating) DATE: _____

**Filing Fee is \$50.00
Due by September 8, 2004**

U000000171791
09/08/04-80006-001 50.00

8. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WOLFE, BRAD 13575 58TH STREET N CLEARWATER, FL 33760
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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: Brad M. Wolfe **Brad M. Wolfe** **9-1-04** **(727) 538-4124**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #