

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # M03000001750

1. Entity Name
ON SITE MAINTENANCE CENTER LLC



Principal Place of Business
**1827 S FREMONT DRIVE
SALT LAKE CITY, UT 84104**

Mailing Address
**1827 S FREMONT DRIVE
SALT LAKE CITY, UT 84104**

FILED

05 JAN 31 AM 11:06

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



01032005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
87-0665255

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**NRAI SERVICES, INC.
526 E. PARK AVENUE
TALLAHASSEE, FL 32301**

**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, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
CLARK, GREGORY L
1827 S FREMONT DRIVE
SALT LAKE CITY, UT 84104**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
MCREYNOLDS, WENDELL
490 W QUASSET ROAD
WOODSTOCK, CT 06281**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**800045889298
02/03/05--01004--001 **50.00**

**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 #