

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90019 015 ****50.00

24064786



04152004 Chg-LLC CR2E083 (10/03)

4. FEI Number
20-2287181
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SHATANOFF, ROBERT H
2536 COUNTRYSIDE BLVD. 6TH FL
CLEARWATER, FL 33763

7. Name and Address of New Registered Agent

Name
HEATHER NORTH

Street Address (P.O. Box Number is Not Acceptable)
2536 COUNTRYSIDE BLVD 6TH FL

City CLEARWATER FL Zip Code 33763

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 *Heather North*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE *4-15-04*

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

Make check payable to:
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME YORK, CHRISTOPHER ☒ Delete
STREET ADDRESS 2536 COUNTRYSIDE BLVD. 6TH FL
CITY-ST-ZIP CLEARWATER, FL 33763

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE Mgr ☐ Change ☒ Addition
NAME National Development Services, LLC
STREET ADDRESS 2536 Countryside Blvd. 6th Floor
CITY-ST-ZIP Clearwater FL 33763

TITLE Steve Zarack - General Mgr. ☐ Change ☒ Addition
NAME 7140 N. Ninth Ave.
STREET ADDRESS Pensacola, FL 32504
CITY-ST-ZIP

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

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

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

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

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: *Heather North*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

8226