

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 02, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # M03000002869**

1. Entity Name  
**FORTIS ENVIRONMENTAL GROUP, LLC**



Principal Place of Business,  
**1265 HIGHWAY 82 WEST  
ALBANY, GA 31707**

Mailing Address  
**1265 HIGHWAY 82 WEST  
ALBANY, GA 31707**

**DO NOT WRITE IN THIS SPACE**



01292004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number  
**01-0775652**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

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

**LANGLOIS, SUE  
4529 TREVI DRIVE  
JACKSONVILLE, FL 32257**

**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 *No change in office or agent*  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstalling)

*1-29-04*  
DATE

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

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
LEGER, KRISTI  
P.O. BOX 72153  
ALBANY, GA 31708**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
LEGER, ROBERT  
P.O. BOX 72153  
ALBANY, GA 31708**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
DAUGHTRY, DAVID  
P.O. BOX 72153  
ALBANY, GA 31708**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

000000025567  
02/02/04-80110-013 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)(f), 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: *Kristi Leger*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

*1-29-04* *(229) 883-2655*  
Date Daytime Phone #