

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 01, 2004 8:00 am
Secretary of State

07-01-2004 90072 007 ****55.00

DOCUMENT # M95000000069

1. Entity Name
CYCLO INDUSTRIES, LLC, L.C.



Principal Place of Business Mailing Address
10190 RIVERSIDE DRIVE 10190 RIVERSIDE DRIVE
PALM BEACH GARDENS, FL 33410 PALM BEACH GARDENS, FL 33410

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

06182004 Chg-LLC CR2E083 (10/03)

4. FEI Number 35-1945374 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

SLAVIN, MICHAEL A
4440 PGA BLVD., STE 402
PALM BEACH GARDENS, FL 33410

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 resigning)

DATE

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

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☒ Delete
NAME OUELLETTE, GARY L
STREET ADDRESS 10190 RIVERSIDE DRIVE
CITY-ST-ZIP PALM BEACH GARDENS, FL 33410

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE CHAIRMAN ☐ Change ☒ Addition
NAME LAWRENCE PESIN
STREET ADDRESS 10190 RIVERSIDE DRIVE
CITY-ST-ZIP PALM BEACH GARDENS FL 33410

TITLE CEO ☐ Change ☒ Addition
NAME EUGENE FLEISHMAN
STREET ADDRESS 10190 RIVERSIDE DRIVE
CITY-ST-ZIP PALM BEACH GARDENS FL 33410

TITLE ☐ Change ☐ Addition
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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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

R. BUTTERFIELD
CONTROLLER

6/25/04 561-775-9600
Date Daytime Phone #