

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 08, 2004 8:00 am
Secretary of State

02-12-2004 90115 016 ***50.00

DOCUMENT # L0000012013

1. Entity Name
RICHARD'S VALET, LLC.
W/ft Intracoastal Valet Parking



Principal Place of Business Mailing Address
3033 NE 32ND AVE FT LAUDERDALE FL 33308 **3033 NE 32ND AVE FT LAUDERDALE FL 33308**

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country



MOORE CR2E083 (11/03)

4. FEI Number **65-1064046** Applied For Not Applicable
 5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
WILE, JOHN
3033 NE 32ND AVE
FT LAUDERDALE FL 33308

7. Name and Address of New Registered Agent
 Name **Jordan Rodewald**
 Street Address (P.O. Box Number is Not Acceptable) **3033 NE 32ND AVE**
 City **Ft. Lauderdale** FL Zip Code **33308**

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 *John Wile* (NOTE: Registered Agent signature required when reappointing) **2/2/04**

FILE NOW!!! FEE IS \$50.00
 Make Check Payable to Florida Department of State
 Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WILE, JOHN 3033 NE 32ND AVE FT LAUDERDALE FL 33308 <i>Managing Member</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Jordan Rodewald 3033 NE 32nd ave Ft. Lauderdale, FL 33308 <i>Managing Member</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *John Wile* **2/2/04** **954-576-3094**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #