

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

REJECTED

02-20-2004 90124 029 *****55.00

2. FILED L03000009639
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 APR 13 PM 1:34

DOCUMENT # L03000009639

1. Entity Name
MONA A. WETMORE INTERIORS, LLC



Principal Place of Business
2160 VIA FUENTES
VERO BEACH, FL 32963

Mailing Address
2160 VIA FUENTES
VERO BEACH, FL 32963

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02082004 Chg-LLC CR2E083 (10/03)

4. FEI Number

20-0322551

Applied For

Not Applicable

6. Certificate of Status Desired

☒

\$5.00 Additional
Fee Required

5. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WEMORE, MONA A
2160 VIA FUENTES
VERO BEACH, FL 32963

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 renouncing)

DATE

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

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addition
*MONA WETMORE
2160 VIA FUENTES
VERO BEACH, FL 32963*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
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CITY-ST-ZIP ☐ Delete

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

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 606, Florida Statutes.

SIGNATURE:

MONA A. WETMORE

February 12, 2004

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

Date

Daytime Phone #