


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

03-01-2004 90316 039 ****55.00

| | | | | | |
|---|--------------------------------------|---|--|---|---|
| DOCUMENT # L03000054317 1. Entity Name COTY MITCHELL ENTERPRISES, LLC | | | |  | |
| Principal Place of Business 2611 TEN ACRE ROAD PANAMA CITY, FL 32405 | | | Mailing Address 2611 TEN ACRE ROAD PANAMA CITY, FL 32405 | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | | |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | |
| MITCHELL, TERESA A 2174 CHRISTY LANE CHIPLEY, FL 32428 | | | | 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 | | <i>Teresa A. Mitchell (secretary)</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small> | | <i>Jessica A. Mitchell</i> <small>(NOTE: Registered Agent signature required when reinstating)</small> | |
| | | | | DATE <i>2-26-04</i> | |
| 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 | MGR <input type="checkbox"/> Delete | | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MITCHELL, COTY L SR | | | NAME | |
| STREET ADDRESS | 2611 TEN ACRE ROAD | | | STREET ADDRESS | |
| CITY-ST-ZIP | PANAMA CITY, FL 32405 | | | CITY-ST-ZIP | |
| TITLE | MGRM <input type="checkbox"/> Delete | | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MITCHELL, COTY L JR | | | NAME | |
| STREET ADDRESS | 2611 TEN ACRE ROAD | | | STREET ADDRESS | |
| CITY-ST-ZIP | PANAMA CITY, FL 32405 | | | CITY-ST-ZIP | |
| TITLE | MGRM <input type="checkbox"/> Delete | | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MEGAUGHEY, WILLIAM M | | | NAME | |
| STREET ADDRESS | 6508 PRIDGEN STREET | | | STREET ADDRESS | |
| CITY-ST-ZIP | PANAMA CITY, FL 32404 | | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | | NAME | |
| STREET ADDRESS | | | | STREET ADDRESS | |
| CITY-ST-ZIP | | | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | | NAME | |
| STREET ADDRESS | | | | STREET ADDRESS | |
| CITY-ST-ZIP | | | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | | NAME | |
| STREET ADDRESS | | | | STREET ADDRESS | |
| CITY-ST-ZIP | | | | 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: <i>Coty L. Mitchell</i> Coty L. Mitchell Sr. (Mgr.) | | | | 02-26-04 (850) 785-2787 | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> | | | | <small>Date Daytime Phone #</small> | |