

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 25, 2004 8:00 am
Secretary of State

02-25-2004 90282 012 ****50.00

DOCUMENT # M01000000248	
1. Entity Name BEST CANDLE, LLC	

Principal Place of Business 1111 E. PUTNAM AVE STE 304 RIVERSIDE CT 06878	Mailing Address 102 MAIN ST P.O. BOX 147 STANARDSVILLE VA 22973
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2. Principal Place of Business 102 Main St	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Stanardsville, VA	City & State
Zip 22973	Country

4. FEI Number 52-2289940	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004	
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9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BRAUN, PETER VON 1111 E. PUTNAM AVE STE 304 RIVERSIDE CT 06878 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRP BOUE, CLIFF 102 MAIN ST STANARDSVILLE VA 22973 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 316 Zachary Meadlane Greenwich, CT 06831
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition Braun, Cliff
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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 608, Florida Statutes.

SIGNATURE: Rea Everitt Rea Everitt 2-9-04 434-995-6600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #