

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 09, 2004 8:00 am
Secretary of State

03-09-2004 90294 036 ****50.00

DOCUMENT # L00000005143

1. Entity Name
741 CENTRAL, L.L.C.



Principal Place of Business
2 NORTH TAMiami TRAIL, SUITE 210
SARASOTA, FL 34236

Mailing Address
2 NORTH TAMiami TRAIL, SUITE 210
SARASOTA, FL 34236

24017815



2. Principal Place of Business
1069 Central Ave.

3. Mailing Address
1069 Central Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03022004 Chg-LLC CR2E083 (10/03)

City & State
Sarasota, FL

City & State
Sarasota, FL

4. FEI Number
65-1007495

Applied For
Not Applicable

Zip Country
34236 USA

Zip Country
34236 USA

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

6. Name and Address of Current Registered Agent

BLACK, IAN
201 TAMiami TRAIL
SUITE 210
SARASOTA, FL 34236
1069 Central Ave.
Sarasota, FL 34236

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 reinstating)

DATE

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

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☐ Delete
NAME PROCTOR, STEPHEN K
STREET ADDRESS 2 NORTH TAMiami TRAIL, SUITE 210
CITY-ST-ZIP SARASOTA, FL 34236

TITLE MGR ☐ Delete
NAME BLACK, IAN
STREET ADDRESS 2 NORTH TAMiami TRAIL, SUITE 210
CITY-ST-ZIP SARASOTA, FL 34236

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE MGR ☒ Change ☐ Addition
NAME Proctor, Stephen K.
STREET ADDRESS 1069 Central Ave.
CITY-ST-ZIP Sarasota, FL 34236

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NAME Proctor, Stephen K.
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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: Stephen K. Proctor MGR IAN BLACK 3/62/04 941-906-8688
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #