

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90047 037 ****50.00

20058114



04112005 Chg-LLC CR2E083 (10/03)

4. FEI Number **201317205** Applied For ☐ Not Applicable ☒

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

6. Name and Address of Current Registered Agent

KANE, KEVIN
1200 PLANTATION ISLAND DR. SOUTH
SUITE 220
ST. AUGUSTINE, FL 32080

7. Name and Address of New Registered Agent

Name **James W. Dodson,**
Street Address (P.O. Box Numbers Not Acceptable) **Law office of James Dodson**
1259 Myrtle Ave South
City **Clearwater** FL Zip Code **33756**

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, 2005**

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

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	BASS, ELIZABETH	
STREET ADDRESS	1716 CLINCH AVE.	
CITY-ST-ZIP	KNOXVILLE, TN 37916	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	TAYLOR, JEANNE	
STREET ADDRESS	1716 CLINCH AVE.	
CITY-ST-ZIP	KNOXVILLE, TN 37916	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	BARCUS, HEIDI	
STREET ADDRESS	1716 CLINCH AVE.	
CITY-ST-ZIP	KNOXVILLE, TN 37916	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	ROBERTS, ROBIN	
STREET ADDRESS	1716 CLINCH AVE.	
CITY-ST-ZIP	KNOXVILLE, TN 37916	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

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

Date

Daytime Phone #

4/11/05

865-637-0203