

2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L00000000756

1. Entity Name
E & H, LC



Principal Place of Business

8660 PINETREE DRIVE NORTH
SEMINOLE, FL 33772

Mailing Address

8660 PINETREE DRIVE NORTH
SEMINOLE, FL 33772

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90024 013 ****50.00



01112004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number
59-3624205

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

HARPER, THOMAS E.
8660 PINETREE DR., NORTH
SEMINOLE, FL 33772

**DO NOT WRITE
IN THIS SPACE**

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

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
HARPER, THOMAS E
8660 PINETREE DR. N.
SEMINOLE, FL 33772

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
ENRIGHT, JAMES M
3123 JOHNS PKWY
CLEARWATER, FL 33759

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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, OR AUTHORIZED REPRESENTATIVE

Thomas E. Harper

4/15/04 (727) 398-1242

Date

Daytime Phone #