

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

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

09-09-2004 90072 010 ****50.00

DOCUMENT # L00000001289

1. Entity Name
EREFERENCEDESK, LLC



Principal Place of Business
10 5TH STREET N., SUITE 211
SAINT PETERSBURG, FL 33701

Mailing Address
10 5TH STREET N., SUITE 211
SAINT PETERSBURG, FL 33701

24084492



08232004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3625916

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

HARRIS, CHARLES M JR.
101 EAST KENNEDY BLVD.
SUITE 2700
TAMPA, FL 33601

**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)

9/3/04
DATE

**Filing Fee is \$50.00
Due by September 8, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM JOHNSTON, JR., ROBERT W 6129 LEELAND STREET S. ST. PETERSBURG, FL 33715
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM WALSH, TIMOTHY A 260 BAYVIEW DRIVE NE ST. PETERSBURG, FL 33704
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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

8-25-04

Date

727-302-6362

Daytime Phone #