

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 22, 2004 08:00 AM
Secretary of State

DOCUMENT # L00000002351

1. Entity Name

MCT'S OF SOUTHWEST FLORIDA, L.L.C.



Principal Place of Business

1473 PERIWINKLE WAY
SANIBEL, FL 33957

Mailing Address

1473 PERIWINKLE WAY
SANIBEL, FL 33957



03082004No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0961692

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

PRITCHARD, WILLIAM L
1473 PERIWINKLE WAY
SANIBEL, FL 33957

**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

U000000093725
03/22/04-80030-004 550.00

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME PRITCHARD, WILLIAM L
STREET ADDRESS 1473 PERIWINKLE WAY
CITY-ST-ZIP SANIBEL, FL 33957

TITLE MGRM
NAME PRITCHARD, ROGER C
STREET ADDRESS 1473 PERIWINKLE WAY
CITY-ST-ZIP SANIBEL, FL 33957

TITLE MGRM
NAME GAETA, PAUL F
STREET ADDRESS 1473 PERIWINKLE WAY
CITY-ST-ZIP SANIBEL, FL 33957

TITLE MGRM
NAME GAETA, MARGARETA F
STREET ADDRESS 1473 PERIWINKLE WAY
CITY-ST-ZIP SANIBEL, FL 33957

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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

Date

Daytime Phone #