

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR)**

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90022 041 ****50.00

DOCUMENT # L00000003517

1. Entity Name

THE LOONEY BIN, L.L.C.



Principal Place of Business

761 YALE STREET
ENGLEWOOD FL 34223

Mailing Address

761 YALE STREET
ENGLEWOOD FL 34223

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

LOONEY, NANCY
761 YALE STREET
ENGLEWOOD FL 34223

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☐ Delete
NAME LOONEY, MICHAEL J
STREET ADDRESS 761 YALE STREET
CITY-ST-ZIP ENGLEWOOD FL 34223

TITLE MGR ☐ Delete
NAME JOHNSON, CHARLES
STREET ADDRESS 761 YALE STREET
CITY-ST-ZIP ENGLEWOOD FL 34223

TITLE MGR ☐ Delete
NAME PORTER, WILLIAM
STREET ADDRESS 761 YALE STREET
CITY-ST-ZIP ENGLEWOOD FL 34223

TITLE MGR ☐ Delete
NAME NEWELL, DARYL
STREET ADDRESS 761 YALE STREET
CITY-ST-ZIP ENGLEWOOD FL 34223

TITLE MGR ☐ Delete
NAME NEWELL, RICHARD
STREET ADDRESS 761 YALE STREET
CITY-ST-ZIP ENGLEWOOD FL 34223

TITLE MGR ☐ Delete
NAME WEBBE, KEITH
STREET ADDRESS 761 YALE STREET
CITY-ST-ZIP ENGLEWOOD FL 34223

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 #

Michael J. Looney, 4-20-04 (941) 474-0086