

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 10, 2005 8:00 am
Secretary of State

02-10-2005 90190 040 ****50.00

DOCUMENT # L00000005372

1. Entity Name
1813, LLC



Principal Place of Business
417 12TH STREET WEST
SUITE 200
BRADENTON, FL 34205

Mailing Address
417 12TH STREET WEST
SUITE 200
BRADENTON, FL 34205

40000001



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

203

Suite, Apt. #, etc.

203

City & State

City & State

Zip

Country

Zip

Country

01212005 Chg-LLC CR2E083 (10/03)

4. FEI Number
65-1006299

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BARNES WALKER, CHARTERED
3119 MANATEE AVENUE WEST
BRADENTON, FL 34205

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

**Filing Fee is \$50.00
Due by May 1, 2005**

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

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete
NAME CARTER, MICHAEL M
STREET ADDRESS 417 12TH STREET WEST SUITE 200
CITY-ST-ZIP BRADENTON, FL 34205

TITLE ☒ Change ☐ Addition
NAME 417-12th ST. W Suite 203
STREET ADDRESS
CITY-ST-ZIP

TITLE MGR ☐ Delete
NAME WOODWARD, CHRIS
STREET ADDRESS 431 12TH STREET WEST SUITE 203
CITY-ST-ZIP BRADENTON, FL 34205

TITLE ☒ Change ☐ Addition
NAME 417-12th ST. W. Suite 203
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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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 #

Linda A Walker

2/8/05

941
749-5875