

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90136 029 ****50.00

DOCUMENT # L00000005967

1. Entity Name
1888USA, LC



Principal Place of Business
~~101 S. OLD COACHMAN ROAD # 506~~
~~CLEARWATER, FL 33765~~

Mailing Address
~~101 S. OLD COACHMAN ROAD # 506~~
~~CLEARWATER, FL 33765~~

24063772



2. Principal Place of Business
2615 W. GRAND Reserve Cir

3. Mailing Address
2615 W. GRAND Reserve Cir

Suite, Apt. #, etc.
31F

Suite, Apt. #, etc.
31F

04302004 Chg-LLC CR2E083 (10/03)

City & State
CLEARWATER FL

City & State
CLEARWATER FL

4. FEI Number
59-3655596

Applied For
Not Applicable

Zip
33759

Country
USA

Zip
33759

Country
USA

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

6. Name and Address of Current Registered Agent

WATERS, JAMES
101 S. OLD COACHMAN ROAD # 506
CLEARWATER, FL 33765

2615 W.
GRAND Reserve
Circle
CLEARWATER, FL
33759

7. Name and Address of New Registered Agent

Name WATERS, JAMES
Street Address (P.O. Box Number is Not Acceptable)
2615 W. GRAND Reserve Cir
31F
City CLEARWATER FL Zip Code 33759

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 *James Waters* JAMES WATERS 4-30-04
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

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☐ Delete
NAME WATERS, JAMES
STREET ADDRESS 101 S. OLD COACHMAN ROAD # 506
CITY-ST-ZIP CLEARWATER, FL 33765

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 2615 W. GRAND Reserve Cir # 31F
CITY-ST-ZIP CLEARWATER, FL 33759

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 *James Waters* JAMES WATERS 4-30-04 (20) 888-3172
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #