

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 12, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # L00000007013

1. Entity Name  
MELVILLE & SOWERBY, P.L.



Principal Place of Business  
2940 SOUTH 25TH STREET  
FT. PIERCE, FL 34981-5605

Mailing Address  
2940 SOUTH 25TH STREET  
FT. PIERCE, FL 34981-5605



01082004 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-1016068

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

MELVILLE, HAROLD G  
2940 SOUTH 25TH STREET  
FT. PIERCE, FL 34981-5605

**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**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	MELVILLE, HAROLD G
STREET ADDRESS	2940 S. 25TH ST.
CITY-ST-ZIP	FT. PIERCE, FL 349815605
TITLE	MEM
NAME	SOWERBY, DAVID N
STREET ADDRESS	2940 S. 25TH ST.
CITY-ST-ZIP	FT. PIERCE, FL 349815605
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000002996  
01/13/04-80037-012 50.00

**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

01/08/04 772-464-7900

Date

Daytime Phone #

Harold G. Melville