2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L00000007039

1. Entity Name
FAMILY MATTERS, LLC

Principal Place of Business	Mailing Address
1819 MARYSVILLE DR.	PO BOX 390968
DELTONA, FL 32725	DELTONA, FL 32739-0968

02032004 No Chg-LLC   CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number	Applied For
59-3653698	Not Applicable

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

6. Name and Address of Current Registered Agent

HELLE, JOHN W
1819 MARYSVILLE DR.
DELTONA, FL 32725

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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

U000000079769
03/08/04--80082--002 50.00

9.   MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	HELLE, JOHN W
STREET ADDRESS	1819 MARYSVILLE DR.
CITY-ST-ZIP	DELTONA, FL 32725
TITLE	MGRM
NAME	HELLE, DENICE L
STREET ADDRESS	1819 MARYSVILLE DR.
CITY-ST-ZIP	DELTONA, FL 32725
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: _Denice Helle   Denice Helle_   3-5-04   386-860-7306

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #