

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

04 MAR 31 PM 2:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L00000008643

1. Entity Name
STOTT, LLC



Principal Place of Business
7800 9TH AVENUE SOUTH
ST. PETERSBURG, FL 33707

Mailing Address
150 2ND AVENUE NORTH, SUITE 1100
ST. PETERSBURG, FL 33701



03112004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

BRONSTEIN, JOEL D
150 SECOND AVENUE NORTH, SUITE 1100
ST. PETERSBURG, FL 33701

**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 | ALSTOTT, MICHAEL J TRUSTEE |
| STREET ADDRESS | 7800 9TH AVENUE SOUTH |
| CITY- ST- ZIP | ST. PETERSBURG, FL 33707 |

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| STREET ADDRESS | |
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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

Michael J. Alstott, Trustee Phone # _____

3/26/04