

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L00000009817

1. Entity Name
ATELIER 359, L.L.C.



Principal Place of Business
359 LAKEWOOD DRIVE
SEAGROVE BEACH, FL 32459

Mailing Address
359 LAKEWOOD DRIVE
SEAGROVE BEACH, FL 32459

FILED
Jan 30, 2004 08:00 AM
Secretary of State



01232004 No Chg-LLC

CR2E083 (10/03)

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4. FEI Number
59-3667973

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MCCORMICK, LESLIE GRAHAM
359 LAKEWOOD DRIVE
SEAGROVE BEACH, FL 32459

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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	P
NAME	MCCORMICK, LESLIE G
STREET ADDRESS	359 LAKEWOOD DRIVE
CITY-ST-ZIP	SEAGROVE BEACH, FL 32459
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	

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01/30/04-80040-021 50.00

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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:

[Handwritten Signature]