

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Apr 22, 2004 8:00 am**  
**Secretary of State**

04-22-2004 90356 019 \*\*\*\*50.00

**DOCUMENT # L00000011936**

1. Entity Name

HERMAN VENTURES, LC



Principal Place of Business

1000 30TH ST S  
SAINT PETERSBURG FL 33712

Mailing Address

PO BOX 14553  
ST. PETERSBERG FL 33733

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number  
59-3673960

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HERMAN, TED A  
1000 30TH ST S4  
SAINT PETERSBURG FL 33712

Name

Street Address (P.O. Box Number is Not Acceptable)

1000 30th St. S.

City

**FL**

Zip Code

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

**FILE NOW!!! FEE IS \$50.00**

**Make Check Payable to Florida Department of State  
Due By May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME MGRM ☐ Delete  
STREET ADDRESS HERMAN, TED A  
CITY-ST-ZIP 1111 N CONGRESS AVE  
SAINT PETERSBURG FL 33712

TITLE  
NAME ☒ Change ☐ Addition  
STREET ADDRESS 1000 30th St. S.  
CITY-ST-ZIP

TITLE  
NAME MGRM ☐ Delete  
STREET ADDRESS HERMAN, JANE A  
CITY-ST-ZIP 1111 N CONGRESS AVE  
SAINT PETERSBURG FL 33712

TITLE  
NAME ☒ Change ☐ Addition  
STREET ADDRESS 1000 30th St. S.  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
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

Jane A. Herman

JANE A. HERMAN

4/20/04

727-528-4500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #