

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

Feb 02, 2005 08:00 AM
Secretary of State

DOCUMENT # L00000013737

1. Entity Name
PHIRST, L.L.C.



Principal Place of Business
2352 HARN BLVD.
CLEARWATER, FL 33746

Mailing Address
PO BOX 4087
CLEARWATER, FL 33758-4087



01302005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3693138	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BURNS, ESTELLA
2352 HARN BLVD.
CLEARWATER, FL 33746

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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 resigning)

DATE

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM BURNS, ESTELLA PO BOX 4087, 2352 HARN BLVD. CLEARWATER, FL 337584087
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BURNS, DOUG P.O. BOX 4087 CLEARWATER, FL 33758
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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

Date

Daytime Phone #

1/30/05 (727) 421-3259