2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

2/23/2004-90346-002-$50.00-$50.00

FILED

04 JUL 14 PM 4:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L01000000130

1. Entity Name
PRUGH, HOLLIDAY & DEEM, P.L.

Principal Place of Business	Mailing Address
1009 W. PLATT STREET TAMPA, FL 33606	1009 W. PLATT STREET TAMPA, FL 33606

DO NOT WRITE IN THIS SPACE

01312004 No Chg-LLC CR2E083 (10/03)

4. FEI Number
59-3689589

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

PRUGH, TIMOTHY F
1009 W PLATT ST
TAMPA, FL 33606

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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

9. MANAGING MEMBERS/MANAGERS

TITLE	P
NAME	PRUGH, TIMOTHY F
STREET ADDRESS	1009 W PLATT ST
CITY-ST-ZIP	TAMPA, FL 336069
TITLE	
NAME	Prugh, Timothy F. Treasurer
STREET ADDRESS	1009 West Platt St.
CITY-ST-ZIP	Tampa, Fl. 33606
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	

Change name to
Prugh, Holliday, Deem & Karatinos P.L.

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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: _____ Timothy F. Prugh 2/19/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #