

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 03, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # L01000001892**

1. Entity Name  
**PRUETT INVESTMENTS, LLC**



Principal Place of Business

**3801 BEE RIDGE ROAD  
SUITE 8  
SARASOTA, FL 34233**

Mailing Address

**3801 BEE RIDGE ROAD  
SUITE 8  
SARASOTA, FL 34233**



04192004 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-1074042**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**PRUETT, BRIAN J  
4917 OLD CREEK DRIVE  
SARASOTA, FL 34233**

**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**

U00000152957

05/04/04-80107-003 \$0.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	PRUETT, BRIAN J
STREET ADDRESS	3801 BEE RIDGE RD #8
CITY-ST-ZIP	SARASOTA, FL 34233
TITLE	MGR
NAME	PRUETT, DEBORAH H
STREET ADDRESS	3801 BEE RIDGE RD #8
CITY-ST-ZIP	SARASOTA, FL 34233
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
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)(l), 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 recorder or trustee empowered to execute this report as required by Chapter 603, Florida Statutes.

**SIGNATURE:** \_\_\_\_\_

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

**BRIAN J. PRUETT**

Date

Daytime Phone #

**941-933-4700**