

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 04, 2004 08:00 AM
Secretary of State

DOCUMENT # L01000002039

1. Entity Name
MCINTOSH & WEBB, LLC



Principal Place of Business

2646 TRILLIUM WAY
NAPLES, FL 34104

Mailing Address

2646 TRILLIUM WAY
NAPLES, FL 34104

DO NOT WRITE IN THIS SPACE



04142004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number
61-1385488

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

PRICE, R. SCOTT ESQ.
PRICE, SIKET, SOLIS & NOVATT, LLP
2640 GOLDEN GATE PKWY., STE. 115
NAPLES, FL 34105

**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**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MEM
MCINTOSH, BARRY
111 CALLOWAY CT., STE. 202
BOWLING GREEN, KY 42103

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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05/05/04-80031-013 50.00

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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: *X [Signature]*

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

Date

Daytime Phone #