

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 06, 2004 8:00 am
Secretary of State

05-06-2004 90002 040 ****50.00

DOCUMENT # L01000002626

1. Entity Name
THE ETON COMPANY, LLC



Principal Place of Business
41 ROYAL PALM POINT
VERO BEACH, FL 32960

Mailing Address
5065 HWY A1A
VERO BEACH, FL 32963 *Same*

24065711



2. Principal Place of Business

3. Mailing Address

41 Royal Palm Pointe

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01202004 Chg-LLC CR2E083 (10/03)

City & State

City & State
VERO BEACH, FL

4. FEI Number
65-1080083

Applied For
Not Applicable

Zip

Country

Zip

Country

32960

USA

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

PANZA, THOMAS F
C/O PANZA, MAURER, & MAYNARD P.A.
3600 NORTH FEDERAL HWY, THIRD FLOOR
FORT LAUDERDALE, FL 33308

Name

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

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

**Filing Fee is \$50.00
Due by May 1, 2004**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
SNOWDEN, GUY B
5065 HWY A1A
VERO BEACH, FL 32963 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
TAYLOR, JOHN E JR.
5065 HWY A1A
VERO BEACH, FL 32963 ☐ Delete

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

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

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

JOHN E. TAYLOR, JR. *1/26/04*

Date

Daytime Phone #