

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90075 045 ****50.00

DOCUMENT # L01000002748

1. Entity Name
THE HORIZONS COMPANY, LLC



Principal Place of Business

Mailing Address

1625 DOLPHIN RD 7679 BERKSHIRE
NAPLES, FL 34102 PINES DR.
34104 NAPLES, FL 34102

24060956



03222004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1079323

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

GLASS, WILLIAM K
1625 DOLPHIN RD 7679 BERKSHIRE PINES DR.
NAPLES, FL 34102 34104

**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

4/23/04

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

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME GLASS, WILLIAM K
STREET ADDRESS 1625 DOLPHIN RD 7679 BERKSHIRE PINES DR.
CITY-ST-ZIP NAPLES, FL 34102 34104

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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:

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

Date

Daytime Phone # 239-877-2500

4/23/04