

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 31, 2004 8:00 am
Secretary of State

03-31-2004 90348 049 ****50.00

DOCUMENT # L01000003089

1. Entity Name
P.J. WALDORF, PLC



Principal Place of Business
2200 CENTREPARK WEST DRIVE, SUITE 100
WEST PALM BEACH, FL 33409

Mailing Address
2970 BENT CYPRESS ROAD
WEST PALM BEACH, FL 33414

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01262004

Chg-LLC

CR2E083 (10/03)

4. FEI Number

65-1081678

Applied For

Not Applicable

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

WALDORF, PAMELA J
2970 BENT CYPRESS ROAD
WEST PALM BEACH, FL 33414

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

Pamela J Waldorf

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 MGRM ☐ Delete
NAME WALDORF, PAMELA J
STREET ADDRESS 2970 BENT CYPRESS RD
CITY-ST-ZIP WEST PALM BEACH, FL 33414

TITLE ☒ Change ☐ Addition
NAME WALDORF, PAMELA J
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

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:

Pamela J Waldorf

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

3/24/04

Date

689-5573

Daytime Phone #