

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Apr 22, 2004 8:00 am**  
**Secretary of State**

04-22-2004 90360 014 \*\*\*\*50.00

**DOCUMENT # L01000004635**

1. Entity Name

CLEWISTON 99 CENT STORE, LLC



Principal Place of Business

125 S. DEAN DUFF  
CLEWISTON FL 33440

Mailing Address

125 S. DEAN DUFF  
CLEWISTON FL 33440

2. Principal Place of Business

125 S. Dean Duff

Suite, Apt. #, etc.

3. Mailing Address

125 S. Dean Duff

Suite, Apt. #, etc.

City & State

Clewiston, FL

City & State

Clewiston, FL

Zip

33440

Country

USA

Zip

33440

Country

USA

4. FEI Number

65-1090192

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

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

*Sylvia M Smith*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/20/04

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE P  
NAME SMITH, SYLVIA M  
STREET ADDRESS 125 S. DEAN DUFF  
CITY-ST-ZIP CLEWISTON FL 33440

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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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:

*Sylvia M Smith* SYLVIA M SMITH

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

Date

4/20/04

Daytime Phone #

863-983-6069