2004 LIMITED LIABILITY COMPANY **ANNUAL REPORT (AR)**

SIGNATURE:

Mar 03, 2004 08:00 AM Secretary of State DOCUMENT # L01000006564 1. Entity Name LYNEN, LLC Principal Place of Business Mailing Address 8430 17TH STREET N 8430 17TH STREET N ST. PETERSBURG FL 33702 ST. PETERSBURG FL 33702 2. Principal Place of Business Mailing Address Suite, Apt # etc. Suite, Apt. #, etc. MOORE CR2E083 (11/03) City & State City & State Applied For 4. FEI Number 59-3725216 Not Applicable Zip Country Country Zip \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LYNEN, ANNE Street Address (P.O. Box Number is Not Acceptable) 8430 17TH STREET N ST. PETERSBURG FL 33702 Zip Code City 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, typeo or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES TITLE MGR TITLE Change Addition ☐ Delete LYNEN, ANNE NAME NAME U00000074749 STREET ADDRESS 8430 17TH STREET N STREET ADDRESS 03/03/04-80031-024 50.00 CITY-ST-ZIP ST. PETERSBURG FL 33702 CITY-ST-ZIP MGR ☐ Delete TITLE ☐ Change TITLE ☐ Addition NAME NAME LYNEN, INGO STREET ADDRESS 8430 17TH STREET N STREET ADDRESS CITY - ST - ZIP ST. PETERSBURG FL 33702 CITY-ST-ZIP ☐ Delete Change TITLE TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TID F □ Change TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CiTY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME MARKE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST- ZIP 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.

FILED

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