


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 17, 2004 8:00 am
Secretary of State

02-17-2004 90193 040 ****50.00

DOCUMENT # L01000006570	
1. Entity Name WERMUTH AND CHOSS, L.L.C.	

Principal Place of Business 1070 FAIRLAWN DRIVE ROCKLEDGE FL 32955	Mailing Address 1070 FAIRLAWN DRIVE ROCKLEDGE FL 32955
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



MOORE CR2E083 (11/03)

4. FEI Number 59-3722147	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent WERMUTH, MIN 1070 FAIRLAWN DRIVE ROCKLEDGE FL 32955	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL - Zip Code
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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 _____ (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
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE MGR NAME WARMUTH, MIN STREET ADDRESS 1070 FAIRLAWN DRIVE CITY-ST-ZIP ROCKLEDGE FL 32955	<input type="checkbox"/> Delete	TITLE MGR NAME Wermuth, Min STREET ADDRESS 157 Bimini Rd. CITY-ST-ZIP Cocoa Bch, Fl. 32931-3217	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE MGR NAME CHOSS, MYUNG STREET ADDRESS 1081 FAIRLAWN DRIVE CITY-ST-ZIP ROCKLEDGE FL 32955	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Min Wermuth **2-7-04** **321-266-6080**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #