

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
Apr 05, 2004 8:00 am
Secretary of State

03-18-2004 90183 013 ****50.00

DOCUMENT # L01000012382 1. Entity Name ACCENT FIREPLACES AND ACCESSORIES, L.L.C.					
Principal Place of Business 4150 HANCOCK BRIDGE PKWY 6 & 7 NORTH FORT MYERS, FL 33903 US			Mailing Address 1126 NE 11TH TERRACE CAPE CORAL, FL 33909		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent PASTORS, DIANE L 1126 NE 11TH TERRACE CAPE CORAL, FL 33909				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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
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 NAME STREET ADDRESS CITY-ST-ZIP	MGRM PASTORS, DIANE L 1126 NE 11TH TERRACE CAPE CORAL, FL 33909 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition M Penny J. Vaught 4414 Lakeside Avenue N. Ft. Myers, FL 33903-5011	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		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: <u><i>Diane Pastors</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			3-13-04 (239) 6563473 Date Daytime Phone #		

34002604



02232004 Chg-LLC CR2E083 (10/03)

4. FEI Number 65-1132822 Applied For Not Applicable

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

MGR (MEMBER)

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