

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 26, 2004 08:00 AM
Secretary of State

DOCUMENT # L01000014596

1. Entity Name
WALTER E. TOWSLEE LLC



Principal Place of Business
7136 VICTORIA CIRCLE
UNIVERSITY PARK, FL 34201

Mailing Address
7136 VICTORIA CIRCLE
UNIVERSITY PARK, FL 34201



04072004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1131731

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

SCOVILL, H. WILLIAM
1605 MAIN ST., STE. 912
SARASOTA, FL 34236

**DO NOT WRITE
IN THIS SPACE**

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)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2004**

L000000128555
04/26/04-80044-001 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
MGRM
TOWSLEE, WALTER E
7036 VICTORIA CIRCLE
UNIVERSITY PARK, FL 34201

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
MGRM
TOWSLEE, JANE R
7136 VICTORIA CIRCLE
UNIVERSITY PARK, FL 34201

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

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CITY ST ZIP

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IN THIS SPACE**

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: Walter E. Towslee WALTER E. TOWSLEE

4/22/04

941-351-4138

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

Date

Daytime Phone #