

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 18, 2004 08:00 AM
Secretary of State

DOCUMENT # L01C900C20059

1. Entity Name
COMMERCECODE, LLC



Principal Place of Business

**1401 MANATEE AVENUE WEST, STE. 910
BRADENTON, FL 34205**

Mailing Address

**1401 MANATEE AVENUE WEST, STE. 910
BRADENTON, FL 34205**

DO NOT WRITE IN THIS SPACE



02112004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MURRELL, FREDERICK J
1401 MANATEE AVENUE WEST, STE. 910
BRADENTON, FL 34205**

**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**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**MGRM
MURRELL, FREDERICK J
1401 MANATEE AVENUE WEST, STE. 910
BRADENTON, FL 34205**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**MGR
MARSHBURN, KEVIN A
1401 MANATEE AVE W. SUITE 910
BRADENTON, FL 34205**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**MGRM
SANDS, BLU
1401 MANATEE AVENUE WEST, STE. 910
BRADENTON, FL 34205**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

U000000092228
03/18/04-80041-015 50.00

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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: _____

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

3/18/2004
Date

841-147-8906
Daytime Phone #