

2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90054 048 \*\*\*\*50.00

**DOCUMENT # L01000022794**

1. Entity Name  
CROFTSIDE, LLC



Principal Place of Business  
700 ELEVENTH ST., PH2  
NAPLES, FL 34102-6777

Mailing Address  
700 ELEVENTH ST., PH2  
NAPLES, FL 34102-6777

**24054456**

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01092004 No Chg-LLC

CR2E083 (10/03)

EIN

4. Number **30-0842898**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

WELLINGTON SHIELD SERVICES LTD, INC.  
700 ELEVENTH ST. SOUTH PH2  
NAPLES, FL 34102-6777

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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	MGR
NAME	TYRRELL, THOMAS K.H.
STREET ADDRESS	700 ELEVENTH ST., PH2
CITY-ST-ZIP	NAPLES, FL 341026777
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
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

Date

Daytime Phone #

**4-21-04 239-430-4306**