

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 01, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000001269

1. Entity Name
PIPETS, LLC



Principal Place of Business
5600 U.S. 1 NORTH
FORT PIERCE, FL 34946

Mailing Address
5600 U.S. 1 NORTH
FORT PIERCE, FL 34946



01212004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

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

STEWART, WILLIAM J
3355 OCEAN DRIVE
VERO BEACH, FL 32963

**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**

000000072566
03/01/04-80116-008 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HERMAN, RICHARD J 5600 U.S. 1 NORTH FORT PIERCE, FL 34946
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WOLOZIN, BENJAMIN MD PHD 215 S. MONROE STREET HINSDALE, IL 60521
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GAINES, KEVIN 5600 US 1 N FORT PIERCE, FL 34946
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LEIBOWITZ, PAUL PH.D. 404 EAST 55TH STREET NEW YORK, NY 10022
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HOFF, FRANK 33418 OLD SAINT JOE ROAD DADE CITY, FL 33525
TITLE NAME STREET ADDRESS 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: _____

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

DATE

Daytime Phone #