

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 23, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000001716

1. Entity Name
D.B. RICHARDSON AND ASSOCIATES, L.C.



Principal Place of Business
402 IDA AVE.
PUNTA GORDA, FL 33950

Mailing Address
C/O JACK O. HACKETT II, ESQ.
POST OFFICE DRAWER 511447
PUNTA GORDA, FL 33951-1447



01052004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
01-0676706

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

HACKETT, JACK O II, ESQ
115 WEST OLYMPIA AVE.
FARR, FARR, EMERICH, SIFRIT, HACKETT AND C
PUNTA GORDA, FL 33950

**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**

000000094722
03/23/04-80008-013 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGR
BIREDA, MARTHA R
P.O. BOX 510818
PUNTA GORDA, FL 33951

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)(f), 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:

Martha R. Bireda

2/9/04

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

Date

Daytime Phone #