

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 06, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000003317

1. Entity Name
FALLEN ANGEL PRODUCTION, LLC



Principal Place of Business

**3918 ALHAMBRA DRIVE WEST
JACKSONVILLE, FL 32207**

Mailing Address

**3918 ALHAMBRA DRIVE WEST
JACKSONVILLE, FL 32207**



02012004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

04-3603269

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**WHITMIRE, ROBERT L
3918 ALHAMBRA DRIVE WEST
JACKSONVILLE, FL 32207**

**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**

U00000038567
02/06/04-80145-002 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
WHITMIRE, ROBERT L
3918 ALHAMBRA DR W
JACKSONVILLE, FL 32207**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
HILL, RALPH G
9923 BLAKEFORD HILL RD
JACKSONVILLE, FL 32207**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
MURPHY, JUSTIN
12324 HARBOR WINDS DR N
JACKSONVILLE, FL 32235**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
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)(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:

Robert L. Whitmire
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

2.1.04

Date

904.346.3429

Daytime Phone #