

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 15, 2004 8:00 am
Secretary of State

03-15-2004 90435 036 ****50.00

DOCUMENT # L02000005604

1. Entity Name

PROGRESSIVE MANAGEMENT GROUP, LLC



Principal Place of Business

6238 PRESIDENTIAL COURT
SUITE 1
FORT MYERS FL 33919
US

Mailing Address

PO BOX 60195
FORT MYERS FL 33906-6195

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

03-0404930

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WAYLAND, TERRY R JR
14820 CRYSTAL COVE CT., #703
FORT MYERS FL 33919

Name

Street Address (P.O. Box Number is Not Acceptable)

17056 Colony Lakes Blvd

City

FL. MYERS

FL

Zip Code

33908

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

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Florida Department of State
Due By May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
WAYLAND, TERRY R JR
14820 CRYSTAL COVE CT., #703
FORT MYERS FL 33919 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
B.O. Box 60195
FL. MYERS, FL 33906 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
WAYLAND, NICOLE D
6325 PRESIDENTIAL COURT #8
FORT MYERS FL 33919-3515 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
B.O. Box 60195
FL. MYERS, FL 33906 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Terry Wayland 2-24-04 239-275-8326