

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 20, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000006328

1. Entity Name
LEGAL WRITES, LLC



Principal Place of Business
**1901 WEST CYPRESS CREEK ROAD
SUITE 406
FORT LAUDERDALE, FL 33309 US**

Mailing Address
**1901 WEST CYPRESS CREEK ROAD
SUITE 406
FORT LAUDERDALE, FL 33309 US**

DO NOT WRITE IN THIS SPACE



01222004No Chg-LLC

GR2E083 (10/03)

4. FEI Number
01-0648363

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CHOSID, RICHARD G ESQ.
1901 WEST CYPRESS CREEK ROAD
SUITE 406
FORT LAUDERDALE, FL 33309**

**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**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
TERBECKI, SHERYL A
1901 W. CYPRESS CREEK RD #406
FT. LAUDERDALE, FL 33309**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

000000059496
02/23/04-80002-004 50.00

**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

2/14/04

Date

561 929 3823

Oayline Phone #