

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 27, 2004 8:00 am
Secretary of State

02-27-2004 90196 037 ***150.00

DOCUMENT # L02000007723

1. Entity Name
REACT BEVERAGE COMPANY, LLC



Principal Place of Business
6981 LAKE DEVONWOOD DRIVE
FORT MYERS, FL 33908

Mailing Address
6981 LAKE DEVONWOOD DRIVE
FORT MYERS, FL 33908



02162004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
04-3644575

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

KAGAN, ELISABETH P
6981 LAKE DERONWOOD DRIVE
FORT MYERS, FL 33908

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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	P
NAME	KAGAN, CHRIS
STREET ADDRESS	6981 LAKE DEVONWOOD DRIVE
CITY-STATE-ZIP	FORT MYERS, FL 33908
TITLE	Sec/Treas
NAME	Elizabeth P. Kagan
STREET ADDRESS	6981 Lake Devonwood Drive
CITY-STATE-ZIP	Fort Myers, FL 33908
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-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:

Elizabeth P. Kagan

Elizabeth P. Kagan

2/17/04 (239) 444-1141

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

Date

Daytime Phone #