

2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT

FILED
Mar 19, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000007964

1. Entity Name
EASTSIDE DEVELOPMENT LLC



Principal Place of Business
**6291 VIA VENETIA NORTH
DELRAY BEACH, FL 33484**

Mailing Address
**6291 VIA VENETIA NORTH
DELRAY BEACH, FL 33484**

DO NOT WRITE IN THIS SPACE

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01062004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number
41-2066873

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**PITOCHELLI, RONALD L
6291 VIA VENETIA NORTH
DELRAY BEACH, FL 33484**

**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 re/retating)

DATE

Filing Fee is \$50.00
Due by May 1, 2004

1100000092845
03/19/04-80025-009 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
GURFEL, YURI
111 BRINY AVE., SO. TOWER PH-18
DELRAY BEACH, FL 33484**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
PITOCHELLI, RONALD L
6291 VIA VENETIA DRIVE NORTH
DELRAY BEACH, FL 33484**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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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)(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 808, Florida Statutes.

SIGNATURE:

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

Date

Daytime Phone #

3-17-04 561-504-9000