


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90047 034 \*\*\*\*50.00

<b>DOCUMENT # L02000008179</b>		
1. Entity Name MERMADES INTERNATIONAL, LLC		

Principal Place of Business 953 NE INDUSTRIAL BLVD. JENSEN BEACH, FL 34957	Mailing Address 729 PONCE DE LEON DRIVE TIERRA VERDE, FL 33715
--	--

2. Principal Place of Business 12075 B 34 <sup>th</sup> St. N	3. Mailing Address 12075 B 34 <sup>th</sup> St N
Suite, Apt. #, etc.	Suite, Apt. #, etc.



01212004 Chg-LLC CR2E083 (10/03)

City & State St. Petersburg FL	City & State St. Petersburg FL
Zip 33716	Zip 33716
Country USA	Country USA

4. FEI Number 30-0111310	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

## 6. Name and Address of Current Registered Agent

LUCAS, LINDA  
953 NE INDUSTRIAL BLVD.  
JENSEN BEACH, FL 34957  
12075 B 34<sup>th</sup> St. N.  
St. Petersburg, FL  
33716

Name

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

12075 B 34<sup>th</sup> St. N.

City St. Petersburg

FL

Zip Code 33716

(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 L. Lucas  
Signature, typed or printed name of registered agent and title if applicable.

LINDA LUCAS  
(NOTE: Registered Agent signature required when reinstating)

4/20/04  
DATE

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

**Make check payable to  
Florida Department of State**

## 9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LUCAS, LINDA 729 PONCE DE LEON DR. TIERRA VERDE, FL 33715	<input type="checkbox"/> Delete
--	--	---------------------------------

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
--	--	---------------------------------

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
--	--	---------------------------------

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
--	--	---------------------------------

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
--	--	---------------------------------

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
--	--	---------------------------------

## 10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	12075 B 34 <sup>th</sup> St. N St. Petersburg FL 33716	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
--	---	--

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
--	--	---

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
--	--	---

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
--	--	---

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
--	--	---

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: L. Lucas LINDA LUCAS 4/20/04 727-573-9800  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #