

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90417 014 ****50.00

DOCUMENT # L02000010887

1. Entity Name
BREEZE BREAKER ENTERPRISES, LLC



Principal Place of Business

**13180 N. CLEVELAND AVE., STE. 112
NORTH FORT MYERS, FL 33903**

Mailing Address

**13180 N. CLEVELAND AVE., STE. 112
NORTH FORT MYERS, FL 33903**

24044487



03282004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

04-3661095

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**RAVENSCROFT, SAMANTHA A
13180 N. CLEVELAND AVE., STE. 112
NORTH FORT MYERS, FL 33903**

**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	MGRM
NAME	RAVENSCROFT, SAMANTHA A
STREET ADDRESS	13180 N. CLEVELAND AVE., STE. 112
CITY-ST-ZIP	NORTH FORT MYERS, FL 33903
TITLE	PRESIDENT AND CEO
NAME	SAMANTHA A. RAVENSCROFT
STREET ADDRESS	13180 N. CLEVELAND AVE, STE 112
CITY-ST-ZIP	NORTH FORT MYERS, FL 33903
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 608, Florida Statutes.

SIGNATURE: *Samantha A. Ravenscroft*

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

4-10-04 1-800-960-1470

Date

Daytime Phone #