

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 08, 2004 8:00 am
Secretary of State

04-08-2004 90275 032 ****50.00

DOCUMENT # L02000011897 1. Entity Name LIVING MACHINES, LC					
Principal Place of Business 255 NE 6TH AVE. DELRAY BEACH, FL 33483			Mailing Address 255 NE 6TH AVE. DELRAY BEACH, FL 33483		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	01282004 Chg-LLC CR2E083 (10/03)	
4. FEI Number NOT APPLICABLE				Applied For Not Applicable	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				6. Name and Address of Current Registered Agent WINTZER, WILLIAM R 255 NE 6TH AVE. DELRAY BEACH, FL 33483	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____	
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GOODYEAR, KIMBERLY A 125 LA POSTA RD. TAOS, NM 87571 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SZERA, JOHN 125 LA POSTA RD TAOS, NM 87571 ☐ Change ☒ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SAN MARTIN, MARTA 255 NE 6TH AVE. DELRAY BEACH, FL 33483 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BECKER, LAURA 125 LA POSTA RD TAOS, NM 87571 ☐ Change ☒ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WINTZER, WILLIAM R 255 NE 6TH AVE. DELRAY BEACH, FL 33483 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: <u>William R. Wintzer</u> WILLIAM R. WINTZER 4/5/04 (561) 243-2400 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					