

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 08, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000013557

1. Entity Name
TARPON COAST DEVELOPMENT LLC



Principal Place of Business
1116 MALLARD MARSH DRIVE
OSPREY, FL 34229-6811 US

Mailing Address
1116 MALLARD MARSH DRIVE
OSPREY, FL 34229-6811 US



08302004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
33-1007240

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

ROMIG, MICHAEL V
1116 MALLARD MARSH DRIVE
OSPREY, FL 34229-6811

**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

09/04/04

**Filing Fee is \$50.00
Due by September 8, 2004**

000000171871
09/08/04-20009-012 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
HUGHES, WENDELL H
59 WEST ST.
LEOMINSTER, MA 01453

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
ROMIG, MICHAEL V
1116 MALLARD MARSH DRIVE
OSPREY, FL 342296811

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)(f), 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:

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

09/04/04

Date

941-223-1872

Daytime Phone #